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# Developing an Informed Clinical Practice Through the Embodied Discovery of Somatic Countertransference: An Artistic Inquiry

Nell McCarty  
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Developing an informed clinical practice through the embodied discovery of somatic  
countertransference: An artistic inquiry

Nell McCarty

Thesis submitted to the faculty of Columbia College Chicago  
in partial fulfillment of the requirements for  
Master of Arts  
in  
Dance/Movement Therapy & Counseling

The Department of Creative Arts Therapies

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Committee:

Susan Imus, MA, BC-DMT, LCPC, GL-CMA  
Chair, Creative Arts Therapies

Laura Downey, MA, BC-DMT, LPC, GL-CMA  
Research Coordinator

Kristy Combs, MA, BC-DMT, LCPC  
Thesis Advisor

Deanna Roberts, MA, BC-DMT, LCPC  
Reader

## **Abstract**

This thesis is an arts-based research project exploring how a new clinician developed an informed clinical practice through gaining embodied awareness of somatic countertransference when working with children who had experienced sexual abuse. Through embodied movement sessions, choreography, and public performance, a dance was created presenting a collection of movement qualities that reflected this author's somatic countertransference experiences that were had during her time at her internship. A review of literature was conducted on the development of an informed clinical practice for dance/movement therapists, somatic countertransference, embodiment, and artistic inquiry used in research. A description of this project's methods and results are included in this written thesis.

The research in this study focused on this author's experience and did not incorporate any additional participants. This researcher engaged in eight embodied movement sessions that were video recorded and reviewed using movement assessment coding sheets. The data that was produced from these embodiment sessions was then analyzed through creative synthesis and choreography. This process led to insights about this author's experiences with somatic countertransference. Themes emerged regarding the author's approach to therapeutic relationships and habitual reactions that occurred when perceived resistance or chaos were present. This process additionally led to the author gaining awareness of the detrimental effects of unresolved somatic countertransference. Ultimately, the embodiment process assisted the author in developing an informed clinical dance/movement therapy practice through the gained awareness of somatic countertransference.

## **Acknowledgements**

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## **Chapter One: Introduction**

When I began my journey as a dance/movement therapy intern in an inpatient hospital setting for children I found myself lost in literature that described the symptomology that my patients were presenting with. My time was spent reading about the diagnoses and potential behaviors that may accompany these diagnoses. Through my process of self-reflection I have determined that I immersed myself in literature for two reasons. Initially, it was due to my fascination with psychotherapy and learning about dance/movement therapy (DMT). Yet, as time continued I realized I focused on the literature primarily out of fear of my own thoughts and feelings that may emerge if I changed my focus towards my lived experience while working with my patients. As I began to narrow down the topic for this thesis I found myself attempting to focus this thesis on the symptomology and diagnoses that my patients presented with. Many of my patients had extensive sexual abuse histories. Their childhood sexual abuse histories were integral aspects of their primary diagnoses. Major depressive disorder and intermittent explosive disorder were the two most common diagnoses that I encountered at my internship in an inpatient hospital setting. Thus, this thesis originated as a study that focused on how trauma born of childhood sexual abuse was observed to manifest with somatic symptomology. The original version of this study additionally sought to identify body-based interventions that could be used in a therapeutic setting with individuals who had experienced childhood sexual abuse.

As I began to refine my thesis topic, I discovered that the majority of my literature resources on childhood sexual abuse made no connection with somatic symptomology. This forced me to actively observe my patients at my internship site and begin to develop my own understanding of their somatic presentations. This is when I started to shift my focus from primarily reading literature to being mindful of my own mental, emotional, and physical

experiences at my internship site. I noticed that understanding my own experiences while working with my patients was going to be integral to understanding their diagnoses and the overall therapy process.

With the assistance of the Research Coordinator at Columbia College Chicago I was advised to look into the terms *informed clinical practice* and *somatic countertransference*. I began to define my thesis topic by first further investigating the term somatic countertransference. Somatic countertransference refers to the physical reactions and bodily-felt experiences that are had by a clinician when working with patients during treatment (Dosamantes-Beaudry, 1997). Upon investigating this term, the definition resonated with what I was personally experiencing at my internship. It was an “a-ha” moment during my internship and an integral aspect to my learning and growing as a dance/movement therapist. I then felt compelled to explore the definition of “informed clinical practice” after being pleasantly surprised by my research on somatic countertransference. I found that an informed clinical practice was a client-centered approach that utilizes a broad knowledge of empirical and clinical experience and applies this knowledge in the therapeutic process in a sensitive and creative way (Nevo & Slonim-Nevo, 2011). After conducting my research on the definition of an informed clinical practice, I was left feeling that the development of an informed clinical practice was an unattainable achievement for a new clinician. It seemed unattainable to be able to fluidly incorporate academic knowledge, clinical experience, and life experience while engaging actively in the therapeutic process. This feeling was influenced in part by my own experience as a new clinician.

My experience as a new clinician proved difficult to incorporate both my academic studies and learned experience in a therapeutic and creative approach during my sessions. My



internship was at an inpatient behavioral health hospital working with children and adolescents ages 4-17. Part of my obstacle with incorporating both my academic studies and learned experience was that I had never worked clinically with children. I did not know what to expect when working with this new population. Thus, when I entered into a group therapy session I often froze. I would observe the children running around the hospital dayroom and rack my brain as I tried to remember how to implement a de-escalation intervention that I had read in a book. Or I would observe the children and hold back from using my own body as a tool to intervene because I didn't trust that I could clinically justify my learned physical responses and reactions. I was frozen both mentally and physically. This obstacle is what prompted me to spend the majority of my initial time as an intern focused on academic literature describing this population rather than focusing on my learned experience when working with this population. I thought that if I kept reading about this population eventually my brain wouldn't freeze when I walked into a group therapy session. Then upon researching the definition of an informed clinical practice I reflected on how someone new to the mental health field facing similar obstacles could learn to balance utilizing both literature and learned experience simultaneously in their clinical practice.

My curiosity prompted me to re-evaluate the focus of my thesis. After completing many drafts and proposals it became clear that this thesis was to focus on how I, as a new clinician, could work towards developing an informed clinical practice. I sought to explore this through researching my somatic countertransference that surfaced while working with children and adolescents who had trauma histories of childhood sexual abuse.

With further assistance from the Research Coordinator at Columbia College Chicago I was encouraged to continue developing my research study by using a heuristic approach. Moustakas (1990) was instrumental in creating a methodology focused on research in a self-

study format titled heuristic inquiry. This study is not by definition a heuristic inquiry. Yet, it acknowledged that my lived experience was central to the creation of the study, and that my intense, abiding, personal interest in the phenomenon was going to be a central focus for the study (Moustakas, 1990). Thus, this study did not include any participants other than myself and required me to reflect only on my lived experience.

During my internship I used dance, movement, and music as tools during the therapeutic process. Due to this creative and artistic nature of my internship, I decided that utilizing an artistic approach would assist me in developing results that were reflective of and honest to my experience. Hervey (2000) was instrumental in developing a methodology focused on research using an artistic approach titled artistic inquiry. The artistic inquiry methodology is defined by a set of three criteria or descriptors. These three criteria include: using artistic methods of gathering, analyzing, and/or presenting data; engaging in a creative process; and being motivated and determined by the aesthetic values of the researcher (Hervey, 2000). Additionally, Hervey (2000) described artistic inquiry as a method of research that values subjectivity, yields qualitative data, and is explorative in nature. By utilizing the artistic inquiry methodology, I was able to focus primarily on my own bodily-felt experiences, responses, and reactions as I engaged in a dance based research process.

With the support of the artistic inquiry methodology I designed my data collection and analysis process to use dance as a tool to explore and express my embodied experience of my somatic countertransference. According to Koch and Fischman (2011), “embodiment refers to the bodily phenomena, in which the body as a living organism, its expressions, its movement, and interaction with the environment play central roles in the explanation of perception, cognition, affect, attitudes, behavior, and their interrelations” (p. 60). The embodiment

experiences for this study included reflecting upon my own somatic countertransference reactions and then physically exploring these reactions later in a designated studio space. Upon completion of my embodiment sessions, I designed my research study to use artistic methods of analysis to assist in creating a choreographed dance that captured the results of my data. I felt strongly that my research process needed to be reflective of my journey as a dance/movement therapy intern. This was the primary motivator leading me to conduct and analyze my study by using dance as the primary tool to explore my experiences and reactions.

I began my research process with three research questions that I aimed to investigate and hopefully answer. My primary research question was: What is my embodied experience of children in an inpatient treatment setting who have a history of sexual abuse? I secondly sought to explore: How does my body knowledge and body prejudice inform my embodiment experience of children in an inpatient treatment setting who have a history of sexual abuse? I knew going into my research process that my previous life experience may have impact on my understanding and exploration of this research study (Moore, 2010, p. 37). Thus, I wanted to explore my previously acquired body knowledge and prejudicial reactions to decrease the potential for bias in my results. My third question was: How does expanding my clinical knowledge through understanding my somatic countertransference promote professional development and the development of an informed clinical practice as a new clinician? This question sought to explore how focusing on self-exploration with the support of a creative methodology would add to my knowledge and growth as a dance/movement therapist.

After developing my three primary research questions, I hoped that this research process would provide me with insight that I would not have gained if I had remained solely focused on academic literature and research. I anticipated that the journey of exploring myself through a

creative methodology would provide me with a better understanding of my own physical, emotional, and mental reactions and responses in a clinical setting. I hoped that this knowledge and self-awareness that I sought to gain would be transferrable in my future practice as a dance/movement therapist. Furthermore, I hoped that this research process would assist me in developing an informed clinical practice that would ultimately help me make mindful intervention decisions as I continued to grow as a dance/movement therapist.

## **Chapter Two: Literature Review**

New clinicians in the mental health field are often expected to have developed a defined therapeutic approach and a researched clinical practice upon graduating from masters' level programs (McDonnell, et al., 2012). McDonnell et al. (2012) explained that clinicians acquiring informed clinical practices "is being increasingly demanded by those who fund our therapies and also by our clients" (p. 167). The process of developing an informed clinical practice can be difficult to achieve, particularly when the clinician is new to the mental health field. In order to develop an informed clinical practice, the new clinician is encouraged to incorporate researched and evidenced based therapeutic approaches with that of his or her own experiences in the clinical settings.

This literature review will begin by exploring literature on the concept of acquiring an informed clinical practice in the field of dance/movement therapy. This literature review and research study will refer to dance/movement therapy (DMT) as defined by the American Dance Therapy Association (2009), "The psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual" ("About dance/movement therapy," para. 1). Thereafter, this chapter will examine contributing factors to developing an informed clinical practice in the field of DMT, including somatic countertransference and the use of embodiment in clinical practice and research. This chapter will conclude upon a review of literature on the artistic inquiry methodology and how using this methodology can assist in the development of an informed clinical practice for a dance/movement therapist.

### **An Informed Clinical Practice**

Many researchers have studied how clinicians can provide best practice services by incorporating research, clinical experience, and other lived experience into clinical practice

(Boisvert & Faust, 2006; Castonguay et al., 2010; Cohen, 1979; Cohen, Sargent, & Sechrest, 1986; Goldfried, 2000; Karam & Sprenkle, 2010; Marshall et al., 2001; McDonnell, et al., 2012; Murrow-Bradley & Elliot, 1986; Ogilvie, Abreu, & Safran, 2005; Westen et al., 2004). The combination of incorporating research, clinical experience, and other lived experience into a clinical practice has since been defined as an informed clinical practice. One definition of informed clinical practice stated that it is a “client-centered approach that utilizes a broad knowledge of empirical and clinical experience and applies this knowledge in the therapeutic process in a sensitive and creative way” (Nevo & Slonim-Nevo, 2011, p. 1176). Epstein et al. (2008) defined an informed clinical practice as “involving consciousness and intentionality to a present situation – including the raw sensations, thoughts, and emotions as well as the interpretations, judgments, and heuristics that one applies to a particular situation” (p. 9).

Research has additionally found that both new and seasoned clinicians often demonstrate difficulty incorporating research, clinical experience, and other lived experience into their clinical practice (Castonguay et al., 2010; Cohen, Sargent, & Sechrest, 1986; Cooper & McLeod, 2011; Murrow-Bradley & Elliott, 1986; Ogilvie, Abreu, & Safra, 2005). With this knowledge, Orkibi (2012) discussed the importance of encouraging the development of an informed clinical practice during the education of the creative arts therapies. Orkibi (2012) additionally found that clinical field training and an investment in research-based learning is not standardized and often not evaluated in the field of creative arts therapies (Abbott, 2006; Feen-Calligan, 2005, 2008; Tanguay, 2008; Wheeler, Shultis, & Polen, 2005). This makes it difficult to research and discuss the development of an informed clinical practice in the creative arts therapies, as there is a lack of literature available. My study did not focus on how researchers and clinicians can define and implement an informed clinical practice, but rather on how my clinical internship, education, and

lived experience may assist me in developing an informed clinical dance/movement therapy practice. However, having knowledge regarding the description of what constitutes an informed clinical practice supports my research.

Epstein (2011) described the differences between evidenced-based and evidenced-informed clinical practices. Evidenced-based practice was described as “rigorously conducted research studies” that informed a clinician’s approach to their practice (Epstein, 2011, p. 284). While evidenced-informed clinical practice was described to include “multiple methods” of engagement in the therapeutic process “including direct observations, in-depth interviewing, and record reviews” (Epstein, 2011, p. 285). It was identified that an informed clinical practice “may be seen as the gold standard within” the mental health community because of its multidimensional approach to one’s clinical practice (Haight, 2010, p. 102).

Epstein et al. (2008) described the development of an informed clinical practice as the development of a mindful practice. A mindful practice was further defined by Beach et al. (2013) as “a person’s tendency to remain purposefully and nonjudgmentally attentive to their own experience, thoughts, and feelings” thus to enable them to “listen attentively to patient’s distress, recognize their own errors, refine their technical skills, make evidence-based decisions, and clarify their values so they can act with compassion, technical competence, presence, and insight” (p. 421). Both Epstein et al. (2008) and Beach et al. (2013) described the benefits when mindful and informed choices are made in a clinician’s therapeutic practice. Beach et al. (2013) identified how mindful choices improved the personal well being of the professional as well as the quality of care that was provided. Epstein et al. (2008) and Beach et al. (2013) additionally identified the difficulty in making mindful and informed choices as an emergent professional. Epstein (2003) identified that “much of professional education involves training at the technician

level. This leaves the student on his or her own to deal with those common situations that do not conform to the rules” (p. 11). Research suggests that emergent clinicians may have difficulty making informed and mindful choices due to the lack of focus on the development of an informed and mindful practice during professional education (Beach et al., 2013; Bischoff & Barton, 2002; Epstein, 2003; Epstein et al., 2008). Similar to the research on building a mindful practice conducted by Epstein et al. (2008) and Beach et al. (2013), many dance/movement therapists have identified that self-awareness and continued self-reflection are essential in the development of an informed clinician (Bragante, 2006; Klienman, 2009; Vulcan, 2013). Research has identified this process as the achievement of thorough knowledge of oneself on a mind-body level (Vulcan, 2013).

**Application within dance/movement therapy.** Dance/movement therapists have additionally identified that the use of mind-body self-awareness can be a successful tool when building empathic relationships with their clients (Bragante, 2006). Rothschild (2006) stated, “simple body awareness is the single most useful tool for identifying levels of arousal” in the therapeutic process (p. 106). Vulcan (2013) identified how the reflection of one’s self-awareness assisted dance/movement therapists with improving their boundaries with clients, decreasing problems with countertransference, and decreasing burnout rates. Rothschild (2006) and Vulcan (2013) have suggested that building an informed clinical practice requires clinicians to spend time self-reflecting upon their own experiences and reactions.

Many creative arts therapists have identified a need for more research in the area of developing an informed practice (Abbott, 2006; Feen-Calligan, 2005, 2008; Orkibi, 2012; Tanguay, 2008; Wheeler, Shultis, & Polen, 2005; Vulcan, 2013). Vulcan (2013) additionally identified that current research lacks information in regard to what factors assist



dance/movement therapists in developing professional expertise and confidence. This research encourages dance/movement therapists to actively gain awareness of what factors have helped them develop an informed clinical practice.

### **Countertransference**

Countertransference has been studied and found to be one of the first products of the therapeutic relationship that described the effects of psychotherapy on the clinician (Eckberg, 2000; Figley, 1995; Gentry, 2002; McCann & Pearlman, 1990; Melius, 2013; Pearlman & Saakvitne, 1995). Freud (1914, 1915, 1959) was the first to identify the phenomenon of transference and countertransference within the psychotherapeutic relationship. He described countertransference to be “the unconscious reactions that occur to a therapist, also influenced by that therapist’s life experiences when working with a client” (Melius, 2013, p.15). As other clinicians and researchers sought to understand this interplay between clinician and client, the definition of countertransference grew broader. Researchers began to define countertransference to include the clinician’s conscious and unconscious “emotions or attitudes about a client”, along with the clinician’s lived experiences and their history with the client in the therapeutic process (Melius, 2013, p. 16; Figley 1995, 1999; Herman, 1992).

Freud’s (1912, 1959) initial identification of countertransference noted that it was a product of the therapeutic process that needed elimination or prevention (Eckberg, 2000; Figley, 2005). As awareness of countertransference grew in clinical practice and research, the opinion that it was a negative product of the therapeutic relationship shifted (Natterson, 1991). Countertransference began to be recognized as a natural and normal component of the therapeutic process. In fact, researchers have argued that through awareness of countertransference clinicians can gain a better understanding of their client and improve the

overall therapeutic process (Eckberg, 2000; Forester, 2007; Figley, 2005; Gentry 2002; Rothschild, 2000, 2006).

**Somatic countertransference.** Dosamontes-Beaudry (1997) was the first to use the term “somatic countertransference” to describe the somatic reactions and bodily-felt sensations that a clinician may experience towards their clients in a “particular moment during treatment” (p. 522). Somatic countertransference has also been defined as “the effect on the therapist’s body of the patient and the patient’s material” (Forester, 2007, p.129). Forester (2007) wrote about the importance of body awareness and somatic countertransference within all psychotherapeutic practices. Forester (2007) described that the clinician’s body and mind are equally engaged with the client during the therapeutic process. Due to the equal engagement of the body and mind, Forester (2007) pointed out that gaining an awareness of somatic countertransference is just as important as countertransference.

Eckberg (2000), a somatic psychotherapist, wrote about her experiences working with veterans diagnosed with posttraumatic stress disorder. Eckberg (2000) argued that awareness of somatic countertransference could be used as a protective factor for the clinician during the therapeutic process. Somatic countertransference was described to increase the ability to set boundaries with clients while remaining focused on the goals of the session. Eckberg (2000) described that her body awareness helped her “identify points of countertransference and then implement strategies to maintain her boundaries” (Melius, 2013, p. 32). Eckberg (2000) reported that she maintained her body awareness through the “awareness of her own breath, presence of her feet on the ground, and attention to the organization of her body” (p. 71).

Rothschild (1998) supported that somatic countertransference could assist the clinician in developing improved boundaries with clients and a sense of clarity during the therapeutic

process. Rothschild (1998) stated “To be aware of your own body is a way to be able to separate out: ‘What I’m feeling in my own body and what I’m mirroring from my patient’s experience’”. Forester (2007) asserted that the clarity that is provided through the awareness of somatic countertransference could be a major contribution to the field of psychotherapy. Many researchers have agreed that developing improved boundaries through the use of somatic countertransference should be an integral part of all psychotherapy training and practice (Forester, 2007; Rand & Fewster, 1997; van der Kolk, 1998; Weber, 1984).

Research has argued how a lack of awareness of one’s somatic countertransference may put the clinician at risk for vicarious trauma and over-identification with their clients (Eckberg, 2000; Forester, 2007; Rothschild, 2006). Trif (2010) experienced vicarious trauma during her clinical internship while working with a child who had experienced trauma. She described how her somatic over-identification with her client influenced her to experience burnout, hyper-arousal, and emotional ups and downs. Forester (2007) argued that new clinicians might have more difficulty noticing, recognizing, and containing their experiences of somatic countertransference. Forester (2007) went on to argue that the failure or inability to recognize somatic countertransference could result in the clinician being “blind to crucial aspects of the patient and the clinical relationship” (p. 130).

Researchers Eckberg (1998) and Stromstead (1998) observed that new clinicians who were encouraged to maintain body awareness had a better ability to use somatic countertransference for the benefit of the therapeutic relationship. Eckberg (1998) and Stromstead (1998) additionally observed that body awareness decreased the likelihood for new clinicians to experience vicarious traumatization. Overall, several researchers in the field of dance/movement therapy have found the awareness of somatic countertransference to benefit

both new and seasoned clinicians (Eckberg, 2000; Forester, 2007; Holifield, 1998; Siegel, 1984; Stromstead, 1998).

Research has proven that through the awareness of somatic countertransference dance/movement therapists have been able to develop improved boundaries with clients, clarity during the therapeutic process, and a decreased likelihood of experiencing vicarious trauma (Eckberg, 2000; Forester, 2007; Holifield, 1998; Siegel, 1984; Stromstead, 1998). However, research is still missing crucial insight in regard to the therapeutic application of somatic countertransference and the development of an evidenced-informed practice through the use of somatic countertransference.

## **Embodiment**

Embodiment has been found to be a crucial component when seeking to gain body awareness (Hervey, 2007). During the process of creating this section of the literature review, it was found that much of the research on the topic of embodiment was focused on the identification of mirror neurons and the description of kinesthetic empathy. This section of the literature review will not describe or explore all practices that utilize embodiment as it is beyond the scope of this research study. Nevertheless, this information is an area for future research on the topic of embodiment and developing an informed clinical dance/movement therapy practice. This section of the literature review will explore solely how embodiment is further supported in research and in clinical practice as it pertains to assisting dance/movement therapists in developing informed clinical practices.

Csordas (1993) described embodiment as “attending ‘with’ and attending ‘to’ the body” (p. 138). Hervey (2007), a dance/movement therapist, further expanded on Csordas’ (1993) definition of embodiment with the support of additional dance/movement therapists,

psychotherapists, and researchers. Hervey (2007) related psychotherapist and philosopher Gendlin's (1962) description of *experiencing* to the term embodiment. Gendlin (1962) described experiencing "as the inward receptivity of a living body" (p.15). Hervey (2007) went on to argue that the definition of embodiment included the sensation of experiencing, movement based observations, and an awareness that is "beyond the muscular/skeletal system" (p. 94). Additionally, it was described how embodiment is the foundation of many psychotherapeutic practices used by dance/movement therapists. Hervey (2007) explained how "empathic reflection, somatic countertransference, synchrony, mirroring, echoing, and attuning are embodied methods used by dance/movement therapists that engage and support empathy" (p. 99).

Research on the concept of embodiment has found that body feedback influenced the physical, emotional, and cognitive processes of individuals (Caccioppo et al., 1993; Koch & Fischman, 2011; Maass & Russo, 2003; Musseiler, 2006; Neumann & Strack, 2000; Raab & Green, 2005; Schubert, 2004; Strack et al., 1988). Koch and Fischman (2011) further reviewed embodiment research and found that embodiment can be described as "an integral part of knowledge and memory" because knowledge and memory are based in sensorimotor or physical experiences (p. 60). With this information, I was able to base my study on the use of embodiment as a tool to illuminate my cognitive and emotional processes, as well as expand my knowledge as an emergent dance/movement therapist.

In an article on the topic of embodiment and ecopsychology written by Burns (2011), the concept of the "embodied self" was described (p. 40). The concept of the embodied self, further developed my research study, as it described how embodiment allowed for an individual to develop cognitive, emotional, and physical awareness. The embodied self was described as

individuals who are aware of their bodies through externally felt senses and internally felt sensations (Burns, 2011; Gendlin, 1981; Ogden, 1997; Whitehouse, 1999). Through the awareness of one's embodied self, there is the opportunity for self-reflection, tracking emotions and impulses, listening to needs, and developing "the capacity to consciously choose what and how to respond to inner experience" (Burns, 2011, p. 40; Wallin, 2007). This research suggested that through the use of embodiment people could gain awareness of their actions and this could then inform their future actions (Burns, 2011; Hackney, 2002).

Beyond the concept of the embodied self, there is a gap in the literature pertaining to how embodiment used in clinical practice could improve the professional development of a clinician (Koch & Fischman, 2011). Koch and Fischman (2011) identified how research describing the use of embodiment in the therapeutic process would greatly contribute to the "scientific value of experience-based approaches" (p. 67). This information is pertinent to this research study as it highlights the potential for this thesis study to provide substantial evidence and value in the field of dance/movement therapy.

### **Artistic Inquiry Used in Research**

Artistic inquiry is a research methodology that allows for researchers to use creative methods of data collection and analysis to conduct research. Throughout the collection and analysis process, the artistic inquiry encourages researchers to use their own individualized creative process and honor their own aesthetic values (Hervey, 2000). McNiff (2011) described artistic inquiry as the use of "creative expression as a way of knowing, communicating and furthering personal and social development" (p. 387). Additionally, McNiff (2011) clearly demonstrated how arts-based researchers are engaging in the same process as other researchers and scientists who happen to utilize different methodologies. McNiff (2011) stated, "art-based

researchers strive for an understanding of universal conditions and predictable outcomes where possible, as well as using methods that can be repeated by others” (p. 387). This thesis study used the artistic inquiry methodology as the foundation to research how an informed clinical practice could be developed through the embodied experience of somatic countertransference. This section of the literature review will demonstrate how other researchers have used the artistic inquiry methodology to yield results and impact the body of research available in the dance/movement therapy community.

Hervey (2000), a researcher and dance/movement therapist, was foundational in the development of the artistic inquiry methodology. This methodology was designed from the constructivist paradigm and was created to yield qualitative data, value subjectivity, and encourage researchers to be explorative in their inquiries (Hervey, 2000). Researchers argued that qualitative data and arts-based methods illuminate knowledge and hold a quality in research that is not otherwise explored in quantitative research (Muccio et al., 2015; Reybold et al., 2013). Yet, despite the benefits found in qualitative research, many researchers have faced obstacles when applying for grants, submitting their research into academic journals, and receiving the approval necessary to engage in their qualitative studies (Muccio et al., 2015). Additionally, many researchers and professionals continue to demonstrate favor towards methodologies that produce quantitative studies and results. In response to this, Weiss (2000) stated:

People have overemphasized the role of logic and science in human relationships, culture, health, and philosophy. We have developed the notion that science will be able to cure all our ills and problems. In fact, we have become unbalanced because of this thinking. We have neglected intuitive wisdom, the heart, the creative and inspire impulse. Artistic Inquiry is a form of research that is a direct reaction to the overemphasis of scientific

inquiry methodologies in our culture (p. 227).

Fortunately, the field of dance/movement therapy encourages the use of creativity, intuition, self-reflection, and artistic methods of expression as tools to ask questions and develop answers (Hervey, 2000). Thus, artistic inquiry and qualitative data continue to be widely accepted and utilized by researchers, clinicians, and educators within the dance/movement therapy community (McNiff, 2011). In an attempt to demonstrate how the dance/movement therapy community uses artistic inquiry to fuel research, I outlined recent contributions to research in the field of DMT. The following authors have utilized the artistic inquiry methodology to conduct research for their master's level theses. These three theses are examples of the different ways that the artistic inquiry methodology supports researchers when conducting their studies.

Relick (2013) used the artistic inquiry methodology to embody childhood aggression. In her study she used dance as the primary method to explore the childhood aggression that she had observed at her internship site. Through her use of dance and embodiment she was able to gain insights in regard to her ability to self-regulate while in an aggressive state and intervention techniques that could assist in de-escalation for others experiencing aggression. Relick (2013) argued that entering into the physical embodiment of aggression through the use of dance was central to obtaining results that were reflective of her process and transferrable to a larger body of research on the topic of aggression. This supports the significance of research conducted through artistic inquiry within the field of dance/movement therapy. This study ultimately demonstrated how one clinician's research inquiry was able to produce results applicable to a larger audience of clinicians.

In Van Koningsveld's (2011) artistic inquiry she utilized the methodology's emphasis on exploration and creativity within the creation of research. Van Koningsveld's (2011) study



blended research that she conducted on rarely observed and unpublished documents by Rudolf Laban, a pioneer in the development of movement observation and coding, with her own synthesis of these documents using movement and creative writing. Upon completion of her study, Van Koningsveld (2011) described how she was able to gain greater understanding of Laban's theories through the use of movement exploration. She argued that her greater understanding of theory ultimately served for the betterment of her professional development as a dance/movement therapist. This study signified the importance of creatively approaching theory in order to gain knowledge that can be used for the development of an informed dance/movement therapy practice.

Malling (2013) used two methodologies, one being artistic inquiry, in her research regarding the use of dance/movement therapy, choreography, and performance techniques with deaf adults with severe and chronic mental illness. Her study was foundational in the field of dance/movement therapy, as it was the first time a dance/movement therapist used the artistic inquiry methodology with this population. Her study was also foundational in the field of social sciences as it is one of few studies conducted with this population. Through the use of creativity, Malling (2013) was able to fill a gap in research and literature that has benefited researchers, professionals, and educators beyond the field of dance/movement therapy. This study ultimately demonstrated how the artistic inquiry methodology could produce valuable research that transcends creative fields of study.

Research demonstrated that the artistic inquiry methodology produced studies that have important impact within the dance/movement therapy field (Malling, 2013; Relick, 2013; Van Koningsveld, 2011). However, McNiff (2011) and Muccio et al. (2015) wrote about the struggles within the social science community that researchers face when they engage in an artistic inquiry

and yield qualitative results. Thus, there continues to be a demand for researchers to create quality studies that demonstrate how the artistic inquiry methodology can produce valuable knowledge and professional development in the social science fields.

## **Conclusion**

During my review of literature I was able to find extensive resources describing the individual aspects of my study, including: informed clinical practice, somatic countertransference, embodiment, and the artistic inquiry methodology. However, the literature was lacking resources focused on research that described how embodiment and/or understanding somatic countertransference could inform a clinical practice. Additionally, research using the artistic inquiry methodology to explore somatic countertransference was limited and seemingly non-existent. Therefore my research will contribute to this small body of literature.

This literature review asserted that there is a basis and need for my research study. In this literature review I discussed how the development of an informed clinical practice, which includes clinical knowledge, lived experience, and academic research, is pertinent to the development and practice of a clinician. I entered my study knowing that embodiment could assist me in exploring and understanding my experience as an intern on a physical, emotional, and cognitive level. The literature additionally confirmed that somatic countertransference is likely happening within the therapeutic process, so it can be argued that bringing awareness to the clinician's somatic countertransference can provide the clinical with additional therapeutic insight. Thus, lacking understanding of somatic countertransference could be detrimental to the therapeutic process. This literature review provided me with confidence that my study had purpose and that the results would ultimately further me as a dance/movement therapist.

## **Chapter Three: Methods**

### **Methodology**

The methodology that I chose for the purposes of this research was artistic inquiry in a self-study format. McNiff (2011) described artistic inquiry as the use of “creative expression as a way of knowing, communicating and furthering personal and social development” (p. 387). Artistic inquiry has been defined by Hervey (2000) to include a set of three criteria, or descriptors. These three criteria include: using artistic methods of gathering, analyzing, and/or presenting data, engaging in a creative process, and being motivated and determined by the aesthetic values of the researcher (Hervey, 2000). Hervey (2000) described the artistic inquiry methodology to value subjectivity, yield qualitative data, and encourage exploration throughout the research process. By using artistic inquiry I was able to collect research and develop my results through an explorative and creative process. My creative process allowed for me to gain knowledge applicable to the field of DMT as a whole and further my personal and professional development as a dance/movement therapist.

Hervey (2000) was foundational in the development of the artistic inquiry methodology. In her development of this methodology, she clearly described six components to the creative process that assist the researcher in producing results. These components include: inception, perception, inner dialogue, illumination, expression/formation, and outer dialogue. Inception was described as the initial research question or curiosity that begins the process of engaging in research. Perception was described as the period of the creative process where the researcher is collecting data and exploring their curiosities on the topic. Inner dialogue was described as the data analysis point within the research process. Hervey (2000) stated that the researcher is fully immersed at this point of the research process and “all the parts of the artist/researcher are, in a

way, conversing: the body, intellect, emotions, intuitions, and spirit are working together” (p. 63). Illumination was described as the point in the research process where the researcher can begin to make sense of the key points and themes that have emerged from the analysis of the data. Expression/formation was described as the point where the researcher has identified how they can communicate their data to others. Outer dialogue was described as the final point in the research process where the researcher is able to communicate and express their “new vision or understanding of a phenomenon” with others (p. 64). These six components of the artistic inquiry methodology were essential to my study. During my study I used these components to gain awareness of my advancement through my creative process and ultimately as tools to guide my research until it was prepared for complete expression in the outer dialogue stage.

I used embodiment through dance to help collect, analyze, and present the data that resulted from this study. As mentioned in the literature review, qualitative methods have allowed for an illumination of knowledge that is not otherwise explored in quantitative research (Muccio et al., 2015; Reybold et al., 2013). Although qualitative data is not the traditional form used in research, it has been defined to produce the same quality of research that is found from studies using quantitative data. According to McNiff (2011), “art-based researchers strive for an understanding of universal conditions and predictable outcomes where possible, as well as using methods that can be repeated by others” (p. 387). Additionally, research has shown that using qualitative methods enables the exploration of individual views and subjective experiences of reality (Brooks & Howie, 2008). Minichiello et al. (2004) echoed this point by describing how researchers are able to gain an understanding of their own worldview through the use qualitative research. With this literature in mind, this study used dance as its primary qualitative method to

aid in ascribing meaning to my embodied experience of understanding my somatic countertransference.

In addition to the creative aspect of my study, it is important to acknowledge that I played a dual role as researcher and participant during this study. Using a self-study format allowed for me to solely reflect on my own experience, broaden my subjective viewpoint, and apply my developed knowledge towards my future practice as a dance/movement therapist. Moustakas (1990) was instrumental in creating a methodology focused on research in a self-study format titled “heuristic inquiry”. This study is not by definition a heuristic inquiry, but does acknowledge that my lived experience was central to this study, and that I had an intense, abiding, personal interest in the phenomenon being studied (Moustakas, 1990). Through the self-study format I was also able to reflect more fully on my collected data because it was a direct reflection of my experience (Brooks & Howie, 2008). However, engaging in a self-study format also provided me with the challenge of potentially indulging in my personal bias on the research topic. Throughout my study I had to undertake profound self-reflection to discover the true essence of the research and not allow for my focus to become fixated on my personal bias (Brooks & Howie, 2008). This process of self-reflection was complimentary during my creative process and synthesis because it assisted me in illuminating key points and themes that I may have otherwise overlooked.

My study on my somatic countertransference exploration was based on bodily-felt experiences that I had at my internship site. Through the use of the artistic inquiry methodology I was able to better explore and express these experiences by engaging in embodiment sessions and analyzing my data through dance. As Hervey (2004) stated, “when information is felt deeply and known tacitly in the body, it may not always be possible to articulate fully in words, but it

can still be useful information to therapy and to an artistic inquiry” (p. 185). This reasoning is the basis for why I conducted research using an artistic inquiry, as I believe my bodily-felt experiences from my internship site would not have been as eloquently expressed through the use of words. Lastly, this reasoning supports how I gained significant insight that I would not have achieved using a different methodology.

## **Participants**

I was the only participant in this study. I am a 24-year-old Caucasian woman, who was raised in a middle class household in the Midwest region of America. My nuclear family is intact, as my parents are still married and living together. I am the middle child of my family and I have an older sister and a younger brother. My household growing up was stable and supportive as it fostered creativity and growth academically, socially, and emotionally. My background and experiences growing up varied greatly from many of the patients that I worked with at my internship site. I was aware that my exploration of somatic countertransference that was based on my reflection of interactions at my internship site might include embedded prejudicial bias that I had not previously examined. Thus, I had to be mindful and engage in self-reflection to ensure that my data was true to the research and not focused on bias that would ultimately deter me from answering my research questions.

During my study I engaged in eight hour-long improvisational embodiment sessions over the course of eight weeks held in my home office and in a dance studio at Columbia College Chicago’s 624 South Michigan building. Due to the heuristic nature of this study, I worked individually during my data collection and analysis process.

**Certified Movement Analyst.** I hired a graduate level-certified movement analyst (GL-CMA) to provide one source of validity to this study. This individual examined five of my

improvisational embodiment sessions and completed movement assessment coding sheets on minute long sections of these sessions. This individual served to provide their expert knowledge on observing and coding movement to support and validate my results. This individual's role was as a hired consultant and was in no way a participant in this study. This individual's contribution to this study can be viewed in Appendix D.

## **Procedure**

My research ultimately began when I was at my clinical internship in an inpatient behavioral health hospital. At this time I began to recognize my own embodied responses and reactions that occurred during my interactions with my patients. My patients happened to be children ages 4-17 who were in the hospital for emotional and behavioral stabilization after a crisis event had occurred. During this time I also came to notice that many of my patients had trauma histories of childhood sexual abuse. It was then that I entered into the inception phase of my research study. I was curious about how I could further my understanding of my embodied responses and reactions, particularly when working with the population from my internship site.

After reflecting upon my experience at my internship, I developed eight research prompts that guided my creative process (see Appendix B). These research prompts encouraged me to focus on specific experiences that were had at my internship site. Ultimately, these prompts served as an organization tool to assist me in differentiating my experiences that were had within the three separate units at the hospital, these included: the pediatric unit (ages 4-12), the female adolescent unit (ages 13-17), and the male adolescent unit (ages 13-17).

**Data collection.** I spent eight weeks during March 2014-May 2014 in the perception stage of my research process. During this time I engaged in eight hour-long improvisational embodiment sessions. During these embodiment sessions I was alone and in a dance studio. I

chose to engage in my embodiment sessions alone to decrease self-judgment and avoid censorship of my movement that I felt could occur with witnesses present.

During each session I reflected upon and then embodied my somatic countertransference experiences from my internship site. At the beginning of each session I read the designated research prompt that I had created for that session. I spent the first 10-15 minutes of each embodiment session engaging in self-reflection focused on my experiences working with that particular population (e.g. adolescent females, adolescent males, children ages 4-12). I then sought to embody my physical responses and reactions stemming from the essence of remembered somatic countertransference experiences with this population. I acknowledged that these responses and reactions might be influenced by the recollection of experiences with other populations. Yet, I aimed to remain focused on the sole population that had been identified during each embodiment session.

It is important to note that at the beginning of my thesis process my research prompts simply encouraged me to explore my *experiences* with each population. I was uncertain about what would emerge from my process and I didn't want to set limits on my exploration. Right before starting my data collection, I determined that I would attempt to embody my experiences of somatic countertransference with these populations. I had gained greater awareness of my somatic countertransference experiences at my internship site during my supervision sessions leading up to my data collection. Yet, I chose to keep my initial research prompts because I felt they were more inclusive and allowed for me to explore the entirety of my experience.

I videotaped each session as a way of preserving the data that was being collected. After completing each embodiment session, I observed the recorded sessions. During my observation of these recordings I edited the recordings into 1-minute to 4-minute clips. These clips



highlighted moments that I found aesthetically pleasing and moments that demonstrated recurrent movement qualities. Upon the completion of editing each video recording, I completed a movement assessment coding sheet (MACS). The MACS showed the movement qualities that had been explored within the embodiment session (see Appendix C).

**Movement Assessment Coding Sheet.** I created and employed a movement assessment coding sheet (MACS) for this research as a tool to preserve and record my collected data (see Appendix C). My MACS was focused on three elements of Laban's taxonomy, including: Body, Effort, and Space as they are described in Laban Movement Analysis. By using this tool I was able to conclude what movement qualities were salient throughout my data collection process. Going into my data analysis process I aimed to embody what the MACS indicated to be the representative qualities of my somatic countertransference experiences. I was able to validate my observed and coded movements by referencing the same MACS that were completed by my validation strategist who held GL-CMA credentials (see Appendix D). This assured that my novice eye for observing and coding movement was within target with that of an expert's codification of the observed movements.

**Challenges from using a dance studio and personal home office.** I completed four of my embodiment sessions in two separate dance studio spaces provided at Columbia College Chicago and the additional four sessions in a space within my own home. When I began the process of securing space for my embodiment sessions I did not anticipate having difficulty securing the same studio space multiple weeks in a row. Naïvely I requested studio space one week at a time. This led to me bouncing between two separate studio spaces provided at Columbia College Chicago before determining that the space within my home would be the most consistent and best option. Luckily, all three spaces that I used throughout my embodiment

process were large and open spaces that were incredibly quiet. This protected my privacy during my research process, which was something that I believed to be necessary in order to engage authentically in my embodiment of somatic countertransference. While this ultimately didn't change the integrity or content of my data collected, it did create stress for me personally. This stress was something that was later addressed in my own therapy and supervision as I continued to move forward with my research study.

**Data analysis methods.** After the completion of my embodiment sessions, I spent an additional three months to conduct nine movement sessions where I analyzed the data that I had collected. During my data analysis process I was able to consistently secure one studio space within The Dance Center at Columbia College Chicago to complete my research. Having one consistent environment that I used throughout my analysis process proved to decrease any personal stress that I had acquired during my data collection process.

I analyzed my MACS by highlighting movement qualities that had been coded in multiple embodiment sessions. I used writing in a journal to assist in my comprehension of the highlighted qualities that had been coded. I used my coded MACS as the primary motivators for improvisation during my movement exploration. I then watched my video recorded embodiment sessions before I engaged in my movement exploration. Through movement exploration, I was able to find clarity within my embodied experience of somatic countertransference. This creative process allowed for my movement to be completely inspired by the data that was collected. At this time, I was immersed completely in the inner dialogue component of my research process. Through movement exploration, I began to make connections and find themes within the data that were authentic to my embodied experience of somatic countertransference. It was at this time that I transitioned into the illumination process as I sought to find answers to my research

questions. The movement exploration process served as my analysis of the data collected. It also served as the start to my choreography process that would ultimately lead to the creation of my final performance piece.

My results from this study were achieved through the creative synthesis of my movement and dance explorations. I entered into the expression/formation phase of my research process as I began to choreograph movements that I believed were representative of my embodied experience of somatic countertransference. I continued to video record myself as a tool for further reflection during the choreography process. I concluded my process with the creation of a choreographed dance that was based off of my movement explorations. The choreographed dance served as a presentation of my findings from this research study. The presentation of my findings marked the entering into the outer dialogue, or final stage, of my research process. According to Hervey (2000), “Presenting findings, in artistic inquiry, refers to creating the finished presentational form in which the findings will be communicated, as well as performing or displaying it to an audience in that form.” (p. 53). A performance of this choreographed dance took place in July 2014 during Columbia College Chicago’s Department of Creative Arts Therapies Student/Faculty benefit dance concert.

**Ethical considerations.** While conducting this research it was important for me to consider my own emotional, cognitive, and physical wellness. Due to the sensitive nature of the diagnoses and sexual abuse trauma histories that my patients had presented with, I knew that engaging in self-reflection based on my experiences with these patients had the potential to be threatening to my own wellness. I sought counseling during my data collection and data analysis process to allow for me to explore any feelings that arose throughout my research study. Additionally, before I began my data collection process I decided that I would discontinue the

embodiment component of my study if I felt my own sense of wellness being threatened. I wanted to ensure that I was able to maintain my own sense of wellness as I explored and embodied interactions that often left me feeling vulnerable as a new clinician. I also used my time during therapy to explore potential prejudicial bias as I attempted to make meaning of my collected data during my analysis process. I wanted to ensure that my data was true to the research study and had not deterred from the original focus.

## **Conclusion**

The methodology of artistic inquiry in a self-study format supported my creative process while I explored and developed my research. Utilizing qualitative methods of collecting, analyzing, and presenting my data allowed for me to reflect deeply on my bodily-felt experiences and develop an awareness of my somatic countertransference. These reflections and my newly gained awareness were essential to my own personal and professional development as an emergent dance/movement therapist. In the proceeding chapter, I will guide you through my data collection process and present the results of my findings.

## **Chapter Four: Results**

I began this study questioning: What is my embodied experience of children in an inpatient treatment setting who have a history of sexual abuse? How does my body knowledge and body prejudice inform my embodiment experience of children in an inpatient treatment setting who have a history of sexual abuse? How does my embodiment process inform my clinical practice? Through my process I have concluded with some answers to my questions. My process was based around my embodiment sessions that were video recorded, allowing for me to reflect back on sessions and gain further insight towards my questions. I then coded on a MACS the most salient moments of each recorded session as a tool to aid in yielding results for my questions. I begin this chapter describing how I was seeking to yield thematic movement results. Thereafter I go on to explain each embodiment session and the data collected within the session. I concluded this chapter by explaining how the data was analyzed and how it evolved into my choreographed piece that represented the results of my study.

### **Use of MACS**

The MACS I created for this thesis study covered a broad range of coding categories to provide me with the opportunity to record a diverse range of movement qualities (see Appendix C). This choice was made to allow for movement themes to emerge through my creative process rather than placing an assumption on what movement qualities would be most salient. I utilized my undergraduate and graduate education in Laban Movement Analysis to aid in the accuracy of the recording and observation of my sessions. I additionally hired an individual with a Graduate Level-Certificate in Movement Analysis (GL-CMA) to validate my findings and provide further feedback on emergent themes.

## **Embodiment Sessions**

During my data collection process I engaged in a series of eight improvisational embodiment sessions over the course of eight weeks. Each embodiment session was guided by a research prompt. These research prompts were used to organize and differentiate my experiences of somatic countertransference as they related to different age ranges, genders, and methods of therapy (e.g. individual therapy versus group therapy). At this point in my process, my experiences of countertransference and somatic countertransference were simultaneously being identified and explored during both clinical supervision and individual therapy. As my understanding of my countertransference clarified, I aimed to explore how embodying my experiences could assist me in further understanding my somatic countertransference. I video recorded each session as a way to preserve my collected data. I used the video recordings as tools to gain greater insights into my experiences of somatic countertransference. I found these recordings to hold pertinent information that I attempted to further explore during my analysis process and express during the presentation of my results. The following paragraphs are my subjective descriptions and self-reflections that occurred after I reviewed the recordings of each embodiment session.

**Embodiment Session #1: What is my general experience working in an inpatient treatment setting with children and adolescents?** My movement for this session began with a visual split between the right and left halves of my body. My left half of my body was crawling across the space while simultaneously dragging my right leg that appeared limp with passive weight. The movement concluded as my body settled into a ball position with my face resting over my knees looking towards the floor. My arms were outstretched as they began gliding on the floor in a circular motion over my head. My head and torso advanced in space to bring me to

a tabletop position with my shoulders raised over my hands and my hips over my knees. This position served as a catalyst to re-engage in the split between my right and left halves of my body. As the session continued, I began to spin in the vertical dimension while maintaining one active half of my body and one passive half of my body. After the spin, I landed with my feet passively flopping to touch the ground. After settling into my landed position, my head initiated an indirect spreading motion. This motion guided my torso to carve through the space until I impulsively flicked my arms behind my back and swung one leg through the air. Overall, I observed my body using passive weight to propel itself through space, evoking a feeling of lethargy.

This session served as my initial attempt to embody my experience working with children and adolescents in an inpatient setting. I was disappointed in the results yielded from this initial session. I thought about how I embodied too general of a question with no impetus prompting my embodiment process. I thought about how this process was inevitably going to yield “passive” and lethargic results because I was engaging in my embodiment sessions late at night after a long day at my internship or class.

Yet, despite my initial feeling that the prompt question was “too general” and that I wasn’t “inspired”, this session served as an important stepping-stone to understanding my experience. Throughout this first session I observed myself as being indifferent and impulsive. I questioned how these words related to my experience working in a hospital with children and adolescents. Did I truly feel indifferent about my experience? Am I impulsive with the children and adolescents during clinical sessions? Are the children and adolescents indifferent and impulsive during clinical sessions? Do I engage only “half of myself” in my clinical sessions? I grappled with understanding if my embodiment was reflective of my experience or the

experience of the children. It was my first discovery of potential countertransference and it required thoughtful self-reflection in order to make meaning of my embodied experiences. I conceptualized my movement and these questions to suggest that I was engaging “half of myself” as a tool for self-care and self-preservation. This was the first time during the development of my research and data collection that I recognized my body’s need for self-care and self-preservation when providing therapeutic services to individuals who have experienced trauma. My inherent need for self-care and self-preservation became a theme that I observed throughout my process.

**Embodiment Session #2: What is my experience working with a group of adolescent girls in an inpatient treatment setting who have experienced sexual abuse?** My second embodiment session began with 30 seconds worth of accelerated and repetitive jumps. I engaged in these jumps by utilizing strong weight, bound flow, and direct spatial intent. Upon my initial review of the video recording I retreated and hallowed out my chest. It was jarring to observe my feet punch the floor. I did not recognize the aggressiveness that was presented in the strength of my jumps because it was not my “normal” way of moving. This aggressive strength and punching motion was observed as a theme throughout this session.

After I concluded my jumping sequence in the video, I found myself sitting on my shins with my hands bound together over my head as if there were magnets connected to my fingertips. I struggled to release my own grip. As my grip eventually gave, my hands directed their energy in a punching motion towards the ground. The last salient moment of aggressive strength occurred while I used the wall as a support to press against. This was the first moment where I recognized how much I was using my environment to support me during this embodiment session. I crawled my legs up the wall with the same bound pressure I had created



prior with my fingertips. I then slammed my feet towards the ground. I repeated this slamming motion for a full minute until my body was too fatigued to continue.

My body began recuperating while engaging in decelerated and bound movements. I initially observed myself in the video recording lying face down on the floor. I naturally found my way into the yoga posture “upward facing dog” as I lifted my torso vertically into the air with my hands and pelvis pressing into the ground beneath me. I slowly swung my legs around and found myself in a balancing posture with the right half of my body connected to the ground supporting my left half of my body. This simultaneous stable and mobile movement provided me with similar feedback as my first embodiment session. It provided me with a visual representation of how I was using one half of my body to stabilize and recuperate while the other half of my body continued to mobilize and explore the space.

During my initial review of this session I found myself both frightened and confused by my use of strong weight and bound flow. It prompted me to reflect upon my group sessions with the adolescent girls unit at the hospital. I realized that during my sessions with the adolescent girls I often bound my muscles and held my breath. I reflected upon how I most notably became bound when I perceived a resistance to participate from the adolescent girls. During this moment of self-reflection I realized that my somatic countertransference responses with the adolescent girls occurred as I experienced their somatic transference. As a result of my unresolved somatic countertransference, binding became my way of feeling comfortable with resistance while facilitating therapy groups for adolescent girls. I used imagery to help myself better understand my experience. I reflected on how the movement that I had observed during this embodiment session was similar to the image of a brick wall pushing up against another brick wall. This

image helped me recognize that my unresolved somatic countertransference with the adolescent girls unit resulted in my own sensations of rigidity and resistant.

**Embodiment Session #3: What is my experience working with a group of adolescent boys in an inpatient treatment setting who have experienced sexual abuse?** My third embodiment session utilized primarily decelerated movement. I began the session with my arms engaging in a slow and bound rocking motion. As the session continued, my movements fluctuated between freeing and binding flow. This occurred when I was lying on the floor, on my back and freely swinging my legs from side to side. After indulging in this swinging motion I quickly increased my pressure and bound my torso to flip over and create a ball position. I stayed in this ball position for approximately 2 minutes. From my ball position, I slowly found my way to standing while using floating, light movements throughout the space.

At the end of this session, I observed myself in the video recording standing upright against the wall while allowing the wall to support my weight. I pressed my back into the wall as my feet and hands moved freely, carving through the space. During this session I found the support of the studio floor and wall to be liberating. The support allowed for me to decelerate my movement and become mindful of what my next movement choice was. I found that engaging in mindful and indulging movements assisted me in feeling confident. I was confident in my body's choices and where I was going in the space.

After the session ended, I reflected on the somatic countertransference material that was explored. I continued to feel that my embodied experience during this session suggested a sense of self-confidence. I wondered how being self-confident as a therapist equated to my use of support. I thought about how I utilized support in both this embodiment session and during my group therapy sessions with this population. I reflected on how I sought support from my site

supervisor and other clinicians during my adolescent boy therapy sessions because I had never worked with this population prior to this clinical internship. I required additional support and supervision to assist me in facilitating the therapeutic process with this foreign population. I concluded that this support improved my confidence as a clinical intern. My embodiment from this session echoed that support from my immediate environment assisted me in feeling confident.

**Embodiment Session #4: What is my experience working with a group of co-ed pediatric patients in an inpatient treatment setting who have experienced sexual abuse?**

Throughout my fourth embodiment session, I observed in my video recording that my gaze was directed towards the ground. I found my lowered gaze to suggest a sense of indifference in my movement because I appeared to be haphazardly moving through the space, unaffected by my surroundings. The video recording showed me twirling throughout the space with my arms spread wide. There was no sense of direction in this movement.

This movement was symbolic of my experience working with the pediatric patients. My therapy groups with pediatric patients had a tendency to make me feel overwhelmed because of the chaos and aggressiveness that was often present. I reflected upon how the patients I worked with were in the hospital because they didn't know how to "positively" cope with and express their experiences of trauma. Having a lack of coping skills typically caused the patients to act out aggressively towards others or harm themselves. There were multiple instances when my groups became unfocused and chaotic when aggressive behaviors were present. During these moments, I found myself in a confused state of how I could regain control of the group of children. My feelings of confusion and being overwhelmed often contributed to the sense of chaos. This is

another example of how my somatic countertransference impacted my therapeutic work and how my embodiment session increased my awareness of my own responses and reactions.

**Embodiment Session #5: What is my experience working one-on-one with an adolescent individual (male or female) in an inpatient treatment setting who has experienced sexual abuse?** During this movement session I chose to reflect upon my experience working with an adolescent female who I had the opportunity of spending upwards of six hours a week with in dance/movement therapy sessions. The recorded portion of the movement session was comprised of three repeated movement gestures. I noticed that I repeated each gesture for approximately 1-2 minute(s) at a time. The consistent repetition of these gestures created a vibratory phrasing pattern.

The first gesture observed was a vertical jump where I used increasing pressure into the floor with my feet to push into the vertical plane while maintaining almost completely straight legs. This particular gesture began to hurt my feet, calves, and knees the more that I repeated it. I noticed that I didn't disengage when feeling pain in my body, but rather I continued to inflict this pain upon my body. After reviewing this section of the video, I recognized this movement as a visual representation of my experience of vicarious trauma. I was inflicting pain on myself during this embodiment session similar to the pain that the adolescent girl was inflicting upon herself. In this moment of embodying my somatic countertransference, it felt as if I had taken her trauma into my own body.

The second gesture began in a plank position. I observed my pelvis drop towards the ground as I shifted my weight into my hands and slid my feet between my hands. I glided across the floor on my hands shifting between a long plank position and a ball-like position. Similar to

the first gesture, I felt pain in my hands but I did not disengage from the movement until I was too fatigued to continue.

The third gesture was recuperative for my body. I maintained a seated position and my fingertips began tracing the ground beneath them. I felt childlike doing this gesture, as if I was using chalk on a sidewalk and creating overlapping circular designs. I thought about how “play” had become a recuperative self-care tool that was helping me relax in my body. I reflected again on the importance of self-care after exploring the emotional intensity of gaining awareness of unresolved somatic countertransference.

**Embodiment Session #6: What is my experience working one-on-one with a pediatric patient (male or female) in an inpatient treatment setting who has experienced sexual abuse?** My sixth embodiment session began standing in the vertical dimension. I observed that I remained standing for the entire session. In the beginning I pressed my hands towards each other in a prayer position. I continued to increase the pressure between my hands until I was gripping both palms as I paced the studio space. My hands found release as they lowered to tap my upper thighs. This tapping was an aggressive, bound, vibratory motion. I found my thighs aching as my hands continued to tap aggressively on them. Similar to my fifth session, I found myself inflicting pain on my own body as I explored how to express my experience working individually with a patient who had a trauma history.

A theme of aggression surfaced as it related to my somatic countertransference experiences with the pediatric population. I reflected on the aggressiveness and subsequent chaos that was explored during my fourth embodiment session. I found it interesting that the pediatric population, who had experienced aggression and pain inflicted on them, influenced this response of aggression during my own embodiment. I wondered if the pediatric population, unbeknownst

to them, summoned aggressive responses because it had become a habitual response they had received within their trauma histories. This curiosity allowed for me to reflect on how my awareness of this somatic countertransference experience could be used in the therapeutic process to address pediatric trauma.

The session concluded as I engaged in jumping motions. I flung my legs and arms behind me as I propelled my body through the space. I stomped on the floor beneath my feet and skipped throughout the space. This was the second session where I noticed myself engaging in childlike movements at the conclusion of the session as a tool to recuperate.

**Embodiment Session #7: What is my body knowledge/body prejudice working with adolescent and pediatric patients in an inpatient treatment setting?** I began my seventh embodiment session overviewing my previous six sessions prior to attempting to embody my body knowledge and body prejudice. In my review I noticed that I engaged in primarily fighting effort qualities in over half of my sessions (see Appendix A). I reflected upon my second embodiment session and how my movement appeared resistant and tense. I wondered how this resistance and tension was reflective of my body knowledge and body prejudice. I reflected on how I had two sessions that primarily used indulgent effort qualities. I had written during my third session that the use of free flow was “liberating”. Yet, in my fourth session I wrote about how the indulgent effort qualities made me feel “confused” and “without direction”. I wondered why I conceptualized being free of tension as being “liberating, confusing, and without direction”. I sought to explore this further during this embodiment session.

My seventh session began as I lightly patted my clothing and then my face with bound flow. There was fragility observed with this tapping, which was different from previous sessions when I had slapped my thighs to the point that they reddened. As the session continued, I

observed myself prancing throughout the space. I pranced and moved swiftly until I sat with my legs outstretched and my hands pounding against the ground. I observed my entire body engaging in bound flow while I sat and pounded. As I watched the video recording I found myself constricting my breath, similar to how I observed a lack of breath support in the recorded movement.

I saw these movements to reflect the fairly consistent moments of tension and the fleeting moments of indulgence that had been present in previous sessions. I recognized that tension was more present during this session than indulgent qualities. This suggested to me that the fighting qualities could be a movement preference that I have. Thus, the tension and rigidity that I had observed in my previous sessions might be habitual reactions stemming from my own body-based experiences or my own body knowledge. This assisted me in making sense of how my moments of indulgence were confusing and simultaneously liberating. These moments of indulgence were new to my movement repertoire and may have influenced my conflicting responses. Indulging qualities being out-of-my-norm could be reason for my feeling of being “without direction”. With this newly gained awareness, I grappled with understanding how my body knowledge and body prejudice influenced my experiences of somatic countertransference at my internship. Was my data collection irrelevant after determining that the tension observed was a preferential way of moving and might have been influenced by my own body knowledge?

After thoughtful self-reflection, I determined that my previously collected data seemed true to my embodied experience of somatic countertransference. I felt that my own personhood was still present within the therapeutic process and therefore my reactions and responses would likely be influenced by my past experiences or body knowledge. I reflected on how the definition of an informed clinical practice encourages the clinician to mindfully incorporate the essence of

their experiences to better the therapeutic process. I concluded that my body knowledge and body prejudice was an influential factor of my embodied experiences of feeling tense, resistant, confused, and sometimes confident or liberated.

**Embodiment Session #8: Termination. What do I want to keep about my experience and what do I want to get rid of?** My eighth and final data collection session served as the termination to the first part of my research process. This session was the least active of all of my sessions. Upon review of the video recording, I observed myself lying on the ground and slowly rolling from one side of my body to the other. I didn't know how to terminate my embodiment sessions and this was prevalent in my movement exploration from that day. I wrote in my journal about how my previous embodiment sessions were all vital to my understanding of somatic countertransference. I didn't want to "get rid of" any aspect of my experience. Thus, I concluded my eighth session early with the knowledge that I had dedicated seven previous sessions to the active embodiment of my experience.

### **Choreography Process**

After my eight embodiment sessions were completed I began the process of analyzing and choreographing a dance piece for my final performance. This dance piece presented the results of my study. During my analysis and choreography process I solely used a dance studio provided by Columbia College Chicago. I began my choreography process by reviewing the shortened video recordings of my previous movement sessions and my MACS that I had completed on each session. These tools served as my catalyst for organizing my thoughts and making meaning out of the movement qualities I had observed over the previous eight sessions. I spent an additional nine sessions, taking place over three months, to process my data and choreograph my piece. I continued to video record all of my movement, which assisted me as I



began to incorporate my own movement aesthetic while still attempting to remain true to the data. Throughout my choreography process I struggled with connecting my personal aesthetic with the content of my data. I struggled to choreograph movement that represented both the fighting and indulging effort qualities that were prevalent in my data. I found clarity during my movement exploration by accessing decelerated timing (indulgent quality) while simultaneously engaging in the fighting quality of bound flow. My own movement preference and aesthetic was evident as I incorporated moments of quick time into my choreography.

I began to play with music choices as I started to solidify and set portions of my choreography. I knew that I wanted the music to mirror the movement I was creating. I wanted the music to provide the same sensation of tension that I had been experiencing during my embodiment sessions when I discovered and explored somatic countertransference. I chose one song that lacked legible lyrics and had a loud drone that played throughout the entire song. I felt this song represented two themes that were present within my choreography; themes being: my physical experience of tension and my loss of self/groundedness. The end result was a choreographed dance piece.

### **The Performance**

The performance took place on July 24, 2014 during Columbia College Chicago's Department of Creative Arts Therapies Student/Faculty benefit dance concert. I performed my research in a performance piece entitled "La Valla Que Tú Me Enviaste". I titled the piece in Spanish in homage of the Hispanic population that I primarily worked with at my internship. The translation of the title to English is "The fence that you sent me". Performing provided me with the chance to overcome obstacles that I faced when creating choreography that was

representative of my research. Additionally, performing provided me with the definitive termination of my research process.

My performance piece was created through the use of movement exploration that was inspired by the coded movement qualities I had highlighted on my MACS. When it came time to perform my choreographed piece I experienced feelings of self-doubt and fear. I had uncertainty that I would be able to successfully embody the coded movement qualities embedded in my choreography. My mind fixated on how the movement qualities present in my choreography differed from my “normal” ways of moving. I questioned if the performer within me would be able to deliver the intensity and tension that I had sought to represent in my choreography. I questioned if my peers, the faculty at my college, and my own family would appreciate or find value in my performance. With all of these questions and fears circulating in my mind, I began to have moments backstage where my mind subsequently went completely blank. In these moments I felt as though I might completely forget my choreography. My sense of self-doubt and fear became almost crippling as I stood back stage waiting for my cue to enter.

When the stage manager gave me my cue to enter the stage I felt my anxieties and fears in their most heightened state. I was lacking breath support and felt completely rigid within my body. Luckily, I was able to utilize these physical manifestations to authentically express the same tension that I had experienced during my embodiment sessions. After the first thirty seconds of my performance passed, I began to feel a sense of ease setting in. My body was driving the performance and my mind was able to relax and trust in my embodied expression. I had learned during my embodiment sessions that my body held wisdom and awareness that I was beyond my cognitive awareness.

As I danced, I found myself embracing the different aspects of myself that I had observed to emerge during my embodiment sessions. These included: my rigid and resistant self, my aggressive self, my lost and undirected self, my playful self, my tender self, and my confident self. I found myself making direct eye contact with the audience as I embraced my confident self. I found myself using a loud guttural vocalization as I embraced my aggressive and lost sense of self. I found myself playing with my use of breath support, evident by moments of holding my breath and moments of audible breathing, as I embraced my rigid and undirected sense of self.

This aspect of the performance led to great insight in regard to my clinical practice as a dance/movement therapist. At the beginning of my performance I experienced my thought process overwhelm my entire body. This was something that I had reflected upon earlier during my embodiment sessions when I attempted to understand my somatic countertransference to resistance and chaos during group therapy sessions. Through the embodied experience of performing I was able to explore my body's natural inclination to positively respond to stress. This was evident during the performance when I let my body naturally respond to the stage and audience and I then noticed my level of distress lowering. I additionally noticed when I let go of my thought process and embraced embodiment, I was able to employ a diverse and integrated sense of self. This informed my dance/movement therapy practice as it demonstrated how embodiment could be a tool for grounding and intrapersonal integration.

An additional struggle that I had throughout my choreography process was in regard to executing the timing of my choreographed movement. My natural movement preference is biased towards the use of accelerated time when dancing. Yet, in staying true to my data, I choreographed my piece using primarily decelerated timing. I first noticed my struggle with executing decelerated time during the dress rehearsal of the show. During the dress rehearsal I

performed the four minutes of my piece in only two minutes. Thus, when it came time for my final presentation I had to remind myself throughout the performance to “take my time” and “slow down”. As I danced and allowed my body to drive my performance I found myself using breath to regulate my timing. I found myself taking a deep breath between each movement to ensure that my timing would remain decelerated. Prior to the performance, I had not thought to use my breath as a choreographed aspect of my piece to improve movement regulation. This experience that I gained during the performance proved to be translatable to my experience as a dance/movement therapist. As a dance/movement therapist, I have observed myself quickly speeding through interventions and not giving time for reflection or stillness. During these moments I am not regulated and I am often holding my breath or using shallow breathing. Through the use of embodied performance, I gained awareness of how slow and controlled breathing helped to regulate my body and decrease my stress.

I concluded my performance with a series of vertical jumps that were reminiscent of jumps I had done during my data collection process. I choreographed this to represent my sense of loss and my experience of embodying what I identified to be vicarious trauma. During this moment of the performance I found myself out of breath and struggling to keep jumping. My mind told me to discontinue jumping but I found myself continuing to jump because I was searching for my body to inform me that I was too fatigued to continue. Prior to the performance I had set a lighting cue to dim while I jumped as a signal to discontinue jumping for my own safety. During the performance the lighting cue began to fade and I noticed myself being unwilling to stop jumping. In fact, I continued jumping while the lights faded to black. When I did stop I felt my entire body land heavily on the ground beneath it, feeling a sharp vibration

shoot up my spine. The piece was completed and I let out an audible sigh as I recognized I had terminated the embodiment portion of my research process.

A flood of emotions rushed forward as I left the stage. Initially, I found myself inhaling and exhaling loudly in an attempt to regulate my nerves and emotions. I then began to have mixed emotions fluctuating primarily between joy and sadness. I felt joyful that I had given myself permission to let go of the vicarious trauma I had been experienced while exploring my somatic countertransference during my research process. I have now reflected upon this feeling of joy as being a moment of true catharsis. I also felt sadness upon the completion of my performance. I reflected on the resistance and tension I experienced during my data collection sessions. It hit me that these experiences were primarily influenced by feelings of deep sadness that I had been harboring. I recognized post-performance that I had spent my research process masking the emotional content of my research and it was only until the performance that I allowed myself to “feel” my research.

**Performance implication.** During the performance of my results, I gained further insight on my experience of somatic countertransference. I found myself feeling anxious and vulnerable as I waited backstage to present my results. These feelings paralleled my experiences of entering into a therapeutic relationship with my patients. I noticed during my performance that my thoughts were the driving force behind my anxieties. As I allowed for my body to “take control” of my performance, my anxieties began to decrease. I found that my body naturally began to regulate through the use of deep breathing. I reflected my experience at my clinical internship and how I had very few moments when I was not “in my head”. Through this performance I became aware of the importance of returning to my body as a tool for regulation. I was reminded of how body awareness promotes improved understanding within the therapeutic

relationship (Eckberg, 1998; Stomstead, 1998). The implications drawn from my performance suggest that I could use deep breathing to regulate my body and subsequently my emotions when I become triggered by my experiences with my patients.

## **Conclusion**

Several themes emerged during my embodiment sessions, creation process, and performance of my dance. During my embodiment of somatic countertransference I gained awareness of themes of resistance, anger and aggression, lethargy, chaos, and indifference. Initially I found, based on my embodiment sessions, my experience was filled with unease and resistance when working with children in an inpatient treatment setting who have a history of sexual abuse. Upon further reflection, I became aware that many of the somatic countertransference experiences that I had at my internship site had gone unresolved. This led to my experiences of resistance, anger, chaos, and indifference. I found that my experiences had gone unresolved due to a lack of awareness that I was experiencing somatic countertransference and primarily a lack of supervision at my internship site. There was only one embodiment session where I explored expressions of confidence. This session provided great insight towards my clinical practice. I was able to reflect on the active supervision and support I received when working with the population that I had focused on during that session. In further reflection on my embodiment sessions, I found that the simple awareness and understanding of somatic countertransference had great impact on my clinical practice. It provided me with insight in regard to the way I approached a therapeutic relationship and the habitual reactions/responses that had formed based on my bodily-felt sensations during these interactions.

Additional themes emerged during the creation of choreography and the performance of my dance. During my movement exploration and choreography process I found my work

reflecting themes of resistance, having and lacking support, and the sensation of losing touch with oneself. These themes seemed similar and representative of the themes that had emerged during my embodiment sessions. During the performance I found myself experiencing catharsis as I completed and let go of my research process. I also experienced profound feelings of sadness and emptiness that I found to have been masked by my expressions of anger and aggression during my embodiment of somatic countertransference. I found during my performance that I remained grounded in my body through the use of breath. Through the use of breath I was able to regulate my emotions and maintain awareness of my bodily-felt sensations and thoughts.

Gaining awareness of these themes assisted me in seeing how my research questions were answered. Three questions guided this study: What is my embodied experience of children in an inpatient treatment setting who have a history of sexual abuse? How does my body knowledge and body prejudice inform my embodiment experience? How does expanding my clinical knowledge through understanding my somatic countertransference promote professional development and the development of an informed clinical practice as a new clinician? Within my concluding question I sought to explore how focusing on self-exploration with the support of a creative methodology would add to my knowledge and growth as a dance/movement therapist. I found multiple emotional, cognitive, and physical responses that occurred when I explored my experience working with children in an inpatient treatment setting who had trauma histories. I found body-based tools (e.g. breath and maintaining physical awareness) that could help me navigate and regulate these responses. I found that the awareness of my experience informed my approach to engaging with others in a therapeutic relationship. It provided me with the awareness of my habitual reactions that I had developed in response to chaos and perceived resistance. It also provided me with awareness on the importance of supervision and self-care when providing

trauma focused therapeutic services. My findings, although unique to my experience, can serve as an example and resource for other new dance/movement therapists as they navigate how to develop an informed and well-rounded clinical practice. In conclusion, I feel that these insights have greatly informed my dance/movement therapy practice and demonstrate the importance of gaining awareness of somatic countertransference through the use of embodied exploration.



## **Chapter Five: Discussion**

During my dance/movement therapy internship, I became aware of bodily-felt sensations that I was experiencing in response to the actions of my patients. Through supervision provided by my graduate school and my own therapy, it was brought to light that I was experiencing countertransference and somatic countertransference as I engaged in the therapeutic process. As I sought to understand my countertransference, I spent my time reading literature and attempting to cognitively process my experiences. I noticed that when I processed these experiences cognitively I did not grasp the entirety of my bodily-felt sensations nor did I gain insight into how my somatic countertransference experiences were affecting me as an intern. I engaged in an artistic inquiry to better understand my bodily-felt experiences and discover how I could enhance my clinical practice through gained awareness and embodied exploration of my somatic countertransference.

Throughout my study on the embodiment of somatic countertransference, I gained many insights in regard to my own professional and personal development as a dance/movement therapist. I found that my embodied awareness of somatic countertransference informed my clinical practice as it unveiled how I was approaching and responding to my patients in the therapeutic relationship. While engaging in my embodiment sessions, I experienced heightened emotions and sensations. This led to a greater understanding of the impact that countertransference has on the clinician. With this information, I was able to draw conclusions on how the clinician can actively resolve and explore countertransference to improve the therapeutic relationship. Additionally, through the use of embodiment, I was able to practice body-based tools that assisted in the regulation and de-escalation of my emotions and sensations. During my creative process I encountered factors that limited my research and swayed my focus

from my original research questions. These factors illuminated areas of future research and continued self-reflection on my journey of developing an informed clinical practice.

### **Embodiment Informing Explicit Knowledge and Regulation**

The use of an embodiment practice to understand my somatic countertransference gave me an outlet for expressing and exploring my feelings of frustration, confusion, sadness, and confidence as an intern. As a member of a treatment team that lacked organized supervision, this practice allowed for me to intentionally reflect on my therapeutic experiences and improve my therapeutic approach. It particularly provided insight in regard to my responses that occurred during crises and my approaches to interpersonal communication with my patients. As mentioned previously, my process of embodying and understanding somatic countertransference was unique to my experience. Yet, I hope that my experience can illuminate how embodied reflection can assist other new clinicians and dance/movement therapists to explore somatic countertransference for the development of their movement informed clinical practice.

Within literature there are findings that suggest that body awareness improves the therapeutic relationship and improves understanding of embodied experiences, including: somatic countertransference, kinesthetic empathy, and vicarious trauma (Eckberg, 1998; Stomstead, 1998). The literature also shows that new clinicians and interns face higher levels of vulnerability as they attempt to navigate and understand therapeutic relationships, leaving them at higher risk to develop unhealthy therapeutic relationships (Skovholt & Rønnestad, 2003). Current research on body awareness suggests that new clinicians who practice intentional self-reflection on their bodily-felt experiences notice a decreased likelihood to develop unhealthy therapeutic relationships (Eckberg, 2000; Forester, 2007; Holifield, 1998; Stromstead, 1998). Through the use of intentional self-reflection during embodiment sessions, I was able to address

my own vulnerabilities within my therapeutic relationships to assist in the development of an improved therapeutic approach.

During my embodiment sessions, I collected data from my body and was able to use this data to inform my learning process. Using my body to collect data provided me with an integrated sense of understanding towards my somatic countertransference experiences. At the beginning of my embodiment process, I experienced feelings of resistance and aggression. Throughout my lifespan, I have been known to demonstrate resistance, guardedness, and sometimes indifference towards unknown or new experiences. Thus, when these feelings emerged during my embodiment sessions, I did not initially recognize that they were products of my therapeutic relationships. After reflection on the data collected, I thought about my clinical experiences at my internship site. Often at my internship site my patients presented with resistance, guardedness, and indifference. Rather than exploring their transference in our therapeutic relationship, my embodiment sessions revealed that I responded back with my own resistance, guardedness, and indifference. In order to explore my resistance further I spoke with my therapist and clinical supervisor about my experiences. It was then, through dialogue with other professionals, that I was able to place meaning to the term somatic countertransference. This information proved to be pertinent to my understanding of somatic countertransference as I continued through my research process.

During my third embodiment session, I focused on my experience at the hospital working with the adolescent boy population. I embodied feelings of clinical confidence and liberation. The data yielded during this session demonstrated how I engaged confidently with this population during group therapy. I thought back to my previous two sessions where I had experienced resistance, guardedness, and indifference. I wondered what differed between my

work with the adolescent girls (the population that I experienced resistance and anger with) and the adolescent boys. I was able to resolve that when I worked with the adolescent boys I received clinical support by the other professionals on that unit. The therapists, mental health counselors, and nurses on that unit were readily available to assist during crisis and were open to providing valuable feedback on their observations of my interactions with the patients. It was during this embodiment session that I was able to conclude that clinical supervision is necessary to improve clinical competency and clinical confidence.

In a session based on my work with co-ed children ages 4-12, I embodied my somatic countertransference that occurred when my therapy group experienced a crisis. I noticed that this population was prone to aggressive outbursts during group therapy sessions. These outbursts often led to chaos occurring within the group dynamic and ultimately the need for crisis interventions. During my embodiment session, I experienced myself feeling the familiar sensation of being overwhelmed. Upon recognition of feeling overwhelmed, I withdrew from my surroundings. During embodiment of this somatic countertransference, my gaze was directed towards the floor as I spun for minutes at a time with no direction in space. This provided significant insight towards my response to crises that occurred during therapy sessions with this population. Often, I would find myself losing a sense of direction and control when crises occurred. During this embodiment session, I thought about how my loss of control may have been in response to the transference that was presented by the children. I noticed that the aggressive outbursts often occurred when the children lost a sense of control. This was often observed as the loss of attention from peers or staff. It seemed receiving attention assisted and validated the children's sense of control. Thus, when the children began to experience a sense of deregulation from this loss of control it often resulted in aggressive outbursts as a way to cope

and regain control (Moeller, 2001). These findings suggest that identifying tools to regulate my own body and emotions could support the overall group dynamic.

During my embodiment of somatic countertransference, I also found that I experienced physical pain throughout my body. I noticed that I felt physical pain after I engaged in repetitive movements that exerted significant energy (e.g. jumping continuously until complete physical fatigue). I became interested with why I was engaging in movements that led to complete physical fatigue and ultimately resulted in physical pain. My findings suggested that during my embodiment of unresolved somatic countertransference, I was left with a sense of over-identification with my client's trauma. Therefore, I inflicted similar pain on my own body that my patients were inflicting onto their bodies.

In search of meaning of this phenomenon I was directed towards the term vicarious trauma. Vicarious trauma has been defined as the transmission of traumatic stress through exposure, observation, and/or stories of the traumatic sufferings of an individual (McCann & Pearlman, 1990; Forester, 2007). During my research process, the identification and subsequent curiosity on the topic of vicarious trauma shifted my focus from my original research topic. For a brief period of time during my research process, I found myself focused on my experiences of vicarious traumatization rather than what I came to discover as my experiences of somatic countertransference. I took time in my research process to explore my experience of vicarious traumatization during my own therapy. As I processed through my experience, I worked to regain my focus on my original thesis topic. Despite feeling that I had become "unfocused", I found that my embodiment process continued to provide profound insight in regard to my clinical experiences as a dance/movement therapist. I have chosen to further discuss my

experience of vicarious traumatization within my discussion on the limitations of my studies and areas for future research.

### **Informed Clinical Practice**

The original goal of this study was to embody my somatic countertransference experiences that were experienced during my internship. I anticipated that I would gain a greater understanding of my clinical experiences and that this understanding could be applied to my future clinical practice. Through my embodiment process, it was confirmed that I gained knowledge pertaining to my experiences of somatic countertransference. I felt that my embodiment process assisted me in gaining knowledge that informed and influenced my dance/movement therapy practice. I also felt that I wouldn't have gained this knowledge if I had engaged in a purely cognitive research project and/or used a different methodology to explore my topic.

Research has demonstrated that an informed clinical practice may be difficult for a new clinician to acquire as it requires the clinician to mindfully reflect on their clinical experience, lived experience, and academic studies while engaging in the therapeutic process (Beach et al., 2013; Bischoff & Barton, 2002; Epstein, 2003; Epstein et al., 2008). Researchers have also explored the benefit that comes from the development of an informed clinical practice. Beach et al. (2013) identified that making mindful choices while in the therapeutic relationship correlated with the personal wellbeing of the professional as well as a strong quality of care being provided. It was after gaining this knowledge of the benefit that accompanied an informed clinical practice that I felt inspired to spend the remainder of my time as a clinical intern focusing on the cultivation of my informed dance/movement therapy practice.

Some of the challenges that I faced as I attempted to cultivate and develop an informed clinical practice were reflective of a lack of understanding regarding my clinical experiences. Due to a lack of organized supervision, I experienced extended periods of time at my internship where a licensed clinician was not directly observing me or checking in with me. At the time of my internship, I found this experience to be empowering. For me it demonstrated that my supervisors had trust in my clinical capabilities. In reflection of this experience, I came to realize that it was more detrimental to my clinical development. As evident by my findings from this study, I had experienced many moments of unresolved and unidentified somatic countertransference. I believe that with organized supervision and guidance I could have potentially gained better awareness of these clinical experiences prior to engaging in this study. Ultimately, this research study taught me how to better identify countertransference and engage in an embodied reflection process.

One question that kept surfacing during my research was how I could determine that I had “achieved” an informed clinical practice. When I read through the literature on the development of an informed clinical practice, it seemed to be something that a clinician either had or did not have. During my embodiment process, I noticed that I was gaining immense knowledge about my experiences as a dance/movement therapist. I did not want to minimize the knowledge that was being gained, but I also did not know how to measure it. I knew that the literature had described that the use of qualitative data methods would yield subjective results (Brooks & Howie, 2008; Muccio et al., 2015; Reybold et al., 2013). Yet, the development of an informed practice continued to seem elusive and out of the realm of possibility to achieve through a single research study. During the performance of my results, I experienced an “a ha” moment. I realized how significantly my study had impacted my development as a

dance/movement therapist. While performing, I became aware that I was able to connect my clinical experiences, with my lived body knowledge, and my academic knowledge. It was in that moment that I knew I had made progress on my journey of developing an embodied informed clinical practice.

### **Limitations and Future Areas of Research**

The most evident limitation of my study stems from the research design. I was the only participant in my study, and my findings are unique to my own experience. Thus, the implications from my research cannot be directly translated to others. These specific implications include: the importance of body awareness in clinical practice as a dance/movement therapist, gaining a basic understanding of somatic countertransference for the betterment of your clinical practice, learning to resolve/explore somatic countertransference through the use of embodiment, using body-based tools to ground and regulate yourself when experiencing heightened emotions triggered by somatic countertransference, using the acquired knowledge of somatic countertransference to inform interpersonal interactions with patients, and receiving active clinical supervision to assist in developing clinical confidence and competency. These implications may be something that readers can attempt to explore and use in their own clinical dance/movement therapy practice.

During my embodiment process, I encountered two factors that I found to interfere with my research process. The first factor was the identification of vicarious trauma after engaging in one of my data collection sessions. Vicarious trauma was something that I experienced on a deep level during my internship. Vicarious trauma was observable in my embodiment sessions as I engaged in movement that was knowingly harming and fatiguing my body. I would complete my embodiment sessions and have sore muscles and bruises for days following. These were a result



of the fatigue, strain, and poor physical execution of some of my movements that were representative of my experience of vicarious trauma. My experience of vicarious trauma became an important awareness that I gained during my study. Yet, I had to remember that it was not the focus of this research study. I did not set out to explore and gather data on my experiences of vicarious trauma. I used time during my individual therapy to process and grow from my experience of vicarious trauma at my internship site. I concluded, after processing my own experiences, that vicarious trauma could be something to explore in future research. I believe that other interns and clinicians could add to the current body of literature on embodiment by exploring their experiences of vicarious trauma through movement. If multiple studies with similar procedures were conducted on the topic of embodied experiences (e.g. vicarious trauma, kinesthetic empathy, et cetera) it would provide a broader understanding of how embodiment can be used as a tool for self-reflection and clinical growth as a dance/movement therapist.

The second factor that I found to interfere with my research process was my identification and subsequent over-indulgence in “self-care”. During my data collection process I noticed that I was engaging in movements that felt recuperative at the end of each of my embodiment sessions. Initially, this gave me great insight into the need of self-care as a clinician. It also informed one of the conclusions that I was able to draw from my findings. In my results I found that I used the same movements to regulate my body when I was experiencing heightened emotions as I did to engage in self-care and recuperation. These movements revolved around the use of deep breathing and finding stillness. Yet, upon completion of my data collection I found myself indulging in what I considered “self-care”. This meant that I chose not to engage in embodiment sessions for three weeks following the conclusion of my data collection process. It

is unknown if my time away from my research had an impact on my analysis and the creative synthesis of my data.

I considered this break during my research process to be an obstacle that I had to overcome. I lacked motivation to enter back in the studio and analyze my data. When I entered back into the studio I found myself questioning if my research process was healthy to my mental and emotional wellbeing. My time away from the research engaging in “self-care” proved to be relaxing and did not require the profound self-reflection that I was experiencing within my embodiment sessions. I processed these concerns and experiences during my individual therapy. I concluded that my indulgence in self-care could be something explored in future research. How could a consistent and stable practice of self-care decrease the likelihood to over-indulge when given “time off” from responsibilities (e.g. work or school)? How could a clinician gain an informed clinical practice through the consistent use of a self-care regime?

There continues to be a need for many studies on the topics of embodiment and the development of an informed clinical practice. This need goes beyond the studies that I’ve already proposed. During my process, I attempted to use the challenges and obstacles that I faced for the enhancement of this study. In two instances I became aware that these obstacles could be explored in future research pertaining to the topics of embodiment and the development of an informed clinical practice.

## **Conclusion**

The purpose of this study was to examine how a new clinician in the field of DMT could develop an informed clinical practice through an embodied awareness and exploration of somatic countertransference. During my research significant insights were revealed in regard to my clinical approach and my overall experience working as a novice dance/movement therapist.

Although these insights were unique to my experience and the specific population I was working with at my internship site, I believe they can be transferred to work with other populations and taken into consideration by other novice clinicians.

The knowledge that I gained from this study will be particularly influential in any future work that I may have with children and/or in inpatient hospital setting. I believe it will be influential in future work with children because my study provided me with insight into my interactions and experiences of countertransference with children. I also believe it will be influential in any work that I may do in an inpatient hospital setting because I gained knowledge on how my experience was shaped due to the lack of organized supervision at my internship site. I do feel that I will be able to generalize my experience to assist me as I continue to learn and grow as a dance/movement therapist. One way that I feel my research assisted me to grow as a dance/movement therapist was through the recognition of self-reflection and body awareness during the therapeutic process. The implications that I was able to draw from my exploration therefore increased awareness of somatic countertransference were rooted in my self-reflections and bodily-felt sensations.

I feel that my embodied exploration of somatic countertransference has greatly impacted my dance/movement therapy practice. Through the use of embodiment, I gained awareness of my emotional and cognitive responses that were experienced within complex therapeutic relationships. Thus, it can be suggested that the findings of this study assisted me in developing an embodied informed clinical practice as a dance/movement therapy intern.

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## **Appendix A**

### **Definition of Terms**

#### **Body Knowledge**

Moore (2012) defined body knowledge as “an understanding of movement behavior” (p. 50). Body knowledge describes how our lived experiences and physical experiences help us discern and understand the movements we observe.

#### **Dance/Movement Therapy (DMT)**

DMT is a body-based form of psychotherapy that uses the psychotherapeutic aspects of movement to create change while integrating the body and the mind (American Dance Therapy Association, 2009).

#### **Embodiment**

Koch and Fischman (2011) described embodiment to refer “to the bodily phenomena, in which the body as a living organism, its expressions, its movement, and interaction with the environment play central roles in the explanation of perception, cognition, affect, attitudes, behavior, and their interrelations” (p. 60).

#### **Grounded**

According to Hackney (2002), grounding is a concept that refers to being “present with him/herself, ‘at home’ in his/her body/mind” (p. 236). It describes when someone is alert and aware of their own sensations, as well as the sensations they are experiencing around them.

#### **Informed Clinical Practice**

Nevo & Slonim-Nevo (2011) described an informed clinical practice as a client-centered approach that uses a broad knowledge of empirical and clinical experience and applies this knowledge in the therapeutic process in a sensitive and creative way.

## **Laban Movement Analysis (LMA)**

Laban Movement Analysis is a language that assists in describing and analyzing human movement. Hackney (2002) described some general principles of LMA to include: the mind-body connection, movement can be functional or expression, movement is a universal process of change, basic elements of movement can be articulated and studied, and movement requires to be observed and dissected in multiple ways in order to be fully understood. LMA taxonomy includes four elements that assist in the understanding and codification of movement, these elements include: Body, Effort, Space, and Shape (Moore, 2010).

The Effort elements consist of qualities that are identified as fighting and indulging (Moore, 2010). Fighting qualities include movements described as: Strong, Bound, Quick, and Direct. Indulging qualities include movements described as: Light, Free, Sustained, and Indirect (Kikhia, 2014). Further descriptions of these qualities are as follows:

- “Strong: A movement is considered to be strong when a person needs to make considerable effort to perform an activity” (Kikhia et al., 2014, p. 5726).
- “Bound: A bound movement is a controlled movement performed with increased tension within the body and often extremities may appear close to the body” (Kikhia et al., 2014, p. 5726).
- “Quick or Accelerated: A quick movement is a swift movement. It generates a change in velocity, that is, a spontaneous acceleration” (Kikhia et al., 2014, p. 5726).
- “Direct: A movement is considered to be direct when the route a person follows over a certain period of time is on average a straight or intentional path” (Kikhia et al., 2014, p. 5726).

- “Light: A light movement is such that person could perform the activity effortlessly” (Kikhia et al., 2014, p. 5726).
- “Free: A movement is considered to be free when it is observed to lack apparent tension and demonstrates ease within the body’s movement” (Kikhia et al., 2014, p. 5726).
- “Sustained or Decelerated: A sustained movement is a continuous movement where velocity appears to be maintained or slowing down” (Kikhia et al., 2014, p. 5726).
- “Indirect: A movement is considered to be indirect when a person follows, over a certain period of time, an oblique or unintentional path” (Kikhia et al., 2014, p. 5726).

### **Lived Experience**

A person’s lived experience is their nuanced and subjective experience, including individual perceptions, understandings, meanings, descriptions, and bodily-felt sensations. Lived experience is the essence of any particular situation for that person (Mertens, 2005).

### **Self-Care**

Self-care is defined as the caring for oneself across multiple domains in order to maintain positive and healthy well-being (Rothschild, 2006). It has been researched to be a vital practice for therapists to engage in, as it assists in preventing burnout and maintaining an ethical practice (Rothschild, 2006).

### **Self-Regulation**

Self-regulation is defined as “the control of one’s behavior through the use of self-monitoring” (American Psychological Association [APA], 2009, p. 457). It has also been described as an individual’s ability to modulate their emotions (Siegel, 1999).



## **Somatic Countertransference**

Somatic countertransference refers to the physical reactions and bodily-felt experiences that are had by a clinician when working with patients during treatment (Dosamantes-Beaudry, 1997).

## **Trauma**

Trauma can be defined as the outcome of a person witnessing or experiencing a traumatic event(s), including: events involving actual or threatened death and inflicting intense fear, horror, or helplessness (Herman, 1992; Rothschild, 2000). Trauma has the capacity of disrupting human development and ongoing experiences, including changes in their brain and a loss of identity (Levine, 1997; deVries, 1996).

## **Vicarious Trauma**

Vicarious trauma is the transmission of stress resulting from trauma to a separate person after they have observed, exposed himself or herself to, and/or have been informed of stories about traumatic events. Vicarious trauma has the capacity of disrupting human development and ongoing experiences, similar to trauma, as if the person had first hand experienced the trauma (McCann & Pearlman, 1990; Forester, 2007).

## Appendix B

### Prompts Used During Data Collection

**Movement Session 1:** What is my general experience working in an inpatient treatment setting with children and adolescents?

**Movement Session II:** What is my experience working with a group of adolescent girls in an inpatient treatment setting who have experienced sexual abuse? Consider revisiting previous questions during today's inquiry.

**Movement Session III:** What is my experience working with a group of adolescent boys in an inpatient treatment setting who have experienced sexual abuse? Consider revisiting previous questions during today's inquiry.

**Movement Session IV:** What is my experience working with a group of co-ed pediatric patients in an inpatient treatment setting who have experienced sexual abuse? Consider revisiting previous questions during today's inquiry.

**Movement Session V:** What is my experience working one-on-one with an adolescent individual (male or female) in an inpatient treatment setting who has experienced sexual abuse? Consider revisiting previous questions during today's inquiry.

**Movement Session VI:** What is my experience working one-on-one with a pediatric patient (male or female) in an inpatient treatment setting who has experienced sexual abuse? Consider revisiting previous questions during today's inquiry.

**Movement Session VII:** What is my body knowledge/body prejudice that has developed working with adolescent and pediatric patients in an inpatient treatment setting? Consider revisiting previous questions during today's inquiry.

**Movement Session VIII:** Last movement session. Explore termination in movement session. Explore things I want to take with me about my experience working with adolescent and pediatrics in an inpatient treatment setting who have experienced sexual abuse. Explore things I want to get rid of in relation to my experience working with adolescent and pediatrics in an inpatient treatment setting who have experienced sexual abuse. Consider revisiting previous questions during today's inquiry.

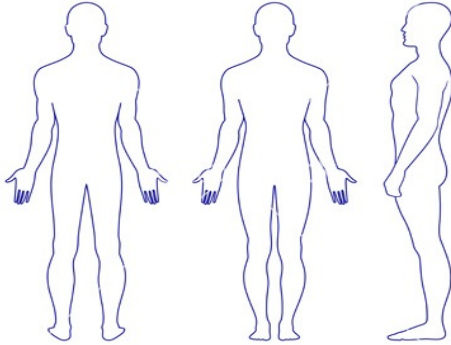
## Appendix C

### Movement Assessment Coding Sheet

#### I. BODY CATEGORIES

A) Active/Held Parts: (circle active, X held, I for initiation)

NOTES:



B) Body splits/blocks: (circle if evident)

head/torso

limbs/torso

left/right

front/back

upper/lower

#### II. EFFORT CATEGORIES

A) Elements:

	<i>Indulging</i>	<i>max</i>	<i>mid</i>	<i>min</i>	<i>none</i>	<i>min</i>	<i>mid</i>	<i>max</i>	<i>Fighting</i>
Space: indirecting									directing
	3	2	1	0	1	2	3		
Weight: light									strong
	3	2	1	0	1	2	3		
Time: decelerating									accelerating
	3	2	1	0	1	2	3		
Flow: freeing									binding
	3	2	1	0	1	2	3		

B) Affinities: (circle)

Disaffinities: (write in)

*Weight (vertical)*

strong/sinking

light/rising

*Time (sagittal)*

accelerating/retreating

decelerating/advancing

*Space (horizontal)*

directing/enclosing

indirecting/spreading

C) Action Drives: (tic mark)

Float:

Punch:

Glide:

Slash:

Wring:

Dab:

Flick:

Press:

NOTES:

### **III. SPACE CATEGORIES**

A) Kinesphere: (circle)

Size:	small	medium	large
Level:	low	middle	high
Reach:	near	mid	far
Approach:	peripheral	transverse	central

B) Use of dimensions: (circle if evident)

Vertical	Horizontal	Sagittal
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*Notes:*

C) Use of planes: (circle if evident)

Vertical	Horizontal	Sagittal
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## Appendix D

### Validation Strategy

video 1

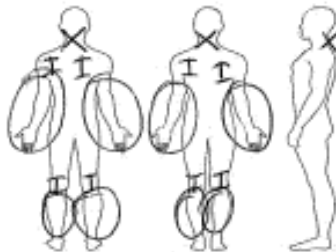
\*black shirt

#### Appendix C. Movement Assessment Coding Sheet

##### I. BODY CATEGORIES

A) Active/Held Parts: (circle active, X held, I for initiation)

NOTES:



scapula initiation  
held back of neck  
some cross-lateral  
blocks

B) Body ~~splines~~ blocks: (circle if evident)

head/torso

limbs/torso

left/right

front/back

upper/lower

##### II. EFFORT CATEGORIES

A) Elements:

	<i>Indulging</i>	<i>max</i>	<i>mid</i>	<i>min</i>	<i>none</i>	<i>min</i>	<i>mid</i>	<i>max</i>	<i>Fighting</i>
Space: indirecting									directing
Weight: light	3	2	1	0		1	2	3	strong
Time: decelerating	3	2	1	0		1	2	3	accelerating
Flow: freeing	3	2	1	0		1	2	3	binding

equal use of  
time

B) Affinities: (circle)

Disaffinities: (write in)

Weight (vertical)

strong/sinking

light/rising

Time (sagittal)

accelerating/retrating

decelerating/advancing

Space (horizontal)

directing/enclosing

indirecting/spreading

accelerating/  
advancing  
directing/  
spreading

C) Action Drives: (tic mark)

Float:

Glide:

Wring: |

Flick: |

Punch: u

Slash: /

Dab:

Press:

NOTES:

punching-quick time, direct space,  
~~accelerating~~ strong weight

### III. SPACE CATEGORIES

A) Kinesphere: (circle)

Size:	small	medium	large
Level:	low	middle	high
Reach:	near	mid	far
Approach:	peripheral	transverse	central

B) Use of dimensions: (circle if evident)

Vertical Horizontal Sagittal

Notes:

C) Use of planes: (circle if evident)

Vertical Horizontal Sagittal

Notes:

transition b/w vertical & horizontal planes in sagittal

video 2

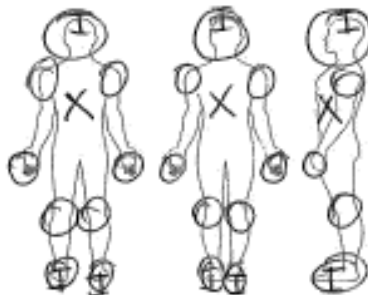
(first 60 sec)  
\* triquise leo

## Appendix C. Movement Assessment Coding Sheet

### I. BODY CATEGORIES

A) Active/Held Parts: (circle active, X held, I for initiation)

NOTES:



active distal ends  
held torso

B) Body splits/blocks: (circle if evident)

head/torso

limbs/torso

left/right

front/back

upper/lower

### II. EFFORT CATEGORIES

A) Elements:

	Indulging	max	mid	min	none	min	mid	max	Fighting
Space: indirecting		3	2	1	0	1	2	3	directing
Weight: light		3	2	1	0	1	2	3	strong
Time: decelerating		3	2	1	0	1	2	3	accelerating
Flow: freeing		3	2	1	0	1	2	3	binding

B) Affinities: (circle)

Disaffinities: (write in)

Weight (vertical)

strong/sinking

light/rising

Time (sagittal)

accelerating/retreating

decelerating/advancing

Space (horizontal)

directing/enclosing

indirecting/spreading

strong/rising  
(bouyant phrasing)

C) Action Drives: (tic mark)

Float:

Glide:

Wring: |

Flick:

Punch: ||||

Slash: |

Dab:

Press: ||||

NOTES:

punching w/ heels  
pressing w/ fingertips

### III. SPACE CATEGORIES

A) Kinesphere: (circle)

Size:	small	medium	large
Level:	low	middle	high
Reach:	near	mid	far
Approach:	peripheral	transverse	central

B) Use of dimensions: (circle if evident)

Vertical	Horizontal	Sagittal
----------	------------	----------

Notes:

C) Use of planes: (circle if evident)

Vertical	Horizontal	Sagittal
----------	------------	----------

Notes:



# Video 4

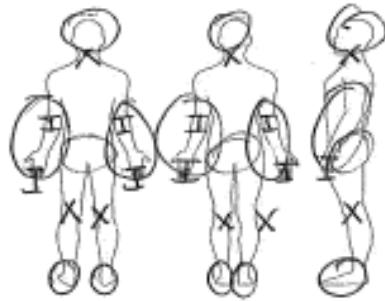
(first 60 sec)

\*grey socks/  
green underneath  
up

## Appendix C. Movement Assessment Coding Sheet

### I. BODY CATEGORIES

A) Active/Held Parts: (circle active, X held, I for initiation)



NOTES:

elbows  
fingertips initiate  
arm movement  
active pelvis & top of head  
held back of neck  
& knees

B) Body splits/blocks: (circle if evident)

head/torso

limbs/torso

left/right

front/back

upper/lower

### II. EFFORT CATEGORIES

A) Elements:

	Indulging	max	mid	min	none	min	mid	max	Fighting
Space: indirecting	3	2	1	0	1	2	3		directing
Weight: light	3	2	1	0	1	2	3		strong
Time: decelerating	3	2	1	0	1	2	3		accelerating
Flow: freeing	3	2	1	0	1	2	3		binding

B) Affinities: (circle)

Disaffinities: (write in)

Weight (vertical)

strong/sinking

light/rising

Time (sagittal)

accelerating/retreating

decelerating/advancing

Space (horizontal)

directing/enclosing

indirecting/spreading

C) Action Drives: (tic mark)

Float:

Glide:

Wring:

Flick: }

Punch:

Slash:

Dab:

Press:

NOTES:

one moment of flick

indirecting/  
enclosing  
in torso

### III. SPACE CATEGORIES

A) Kinesphere: (circle)

Size:	small	medium	large
Level:	low	middle	high
Reach:	near	mid	far
Approach:	peripheral	transverse	central

B) Use of dimensions: (circle if existent)

Vertical	Horizontal	Sagittal
----------	------------	----------

Notes:

C) Use of planes: (circle if existent)

Vertical	Horizontal	Sagittal
----------	------------	----------

Notes:

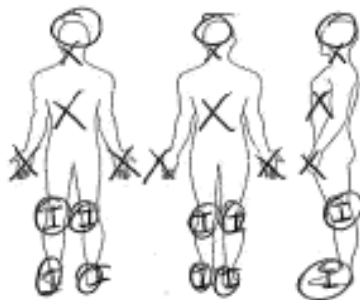
# Video 5 (first 60 sec)

\* grey parts/  
black tank tops

## Appendix C. Movement Assessment Coding Sheet

### I. BODY CATEGORIES

A) Active/Held Parts: (circle active, X held, I for initiation)



NOTES:

Lower body initiates  
held upper body  
head active @ times

B) Body splits/blocks: (circle if evident)

head/torso

limbs/torso

left/right

front/back

upper/lower

### II. EFFORT CATEGORIES

A) Elements:

	Indulging	max	mid	min	none	min	mid	max	Fighting
Space: indirecting	3	2	1	0	1	2	3		directing
Weight: light	3	2	1	0	1	2	3		strong
Time: decelerating	3	2	1	0	1	2	3		accelerating
Flow: freeing	3	2	1	0	1	2	3		binding

B) Affinities: (circle)

Weight (vertical)

strong/sinking

light/rising

Time (sagittal)

accelerating/retreating

decelerating/advancing

Space (horizontal)

directing/enclosing

indirecting/spreading

accelerating/  
advancing

C) Action Drives: (tic mark)

Float:

Glide:

Wring:

Flick:

Punch:

Slash:

Dab: HHT HHT

Press:

rhythm  
state

NOTES:

dabbing w/ feet on floor

### III. SPACE CATEGORIES

A) Kinesphere: (circle)

Size:	small	medium	large
Level:	low	middle	high
Reach:	near	mid	far
Approach:	peripheral	transverse	central

B) Use of dimensions: (circle if evident)

Vertical	Horizontal	Sagittal
----------	------------	----------

Notes:

C) Use of planes: (circle if evident)

Vertical	Horizontal	Sagittal
----------	------------	----------

Notes:

lower body width & height  
upper body/torso @ end

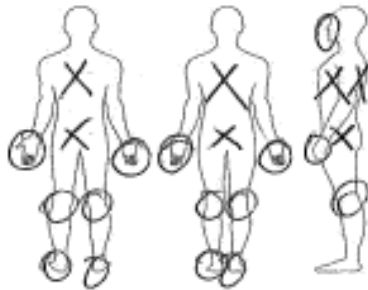
video 7 (first 60 sec)  
\* striped shirt

## Appendix C. Movement Assessment Coding Sheet

### I. BODY CATEGORIES

A) Active/Held Parts: (circle active, X held, I for initiation)

NOTES:



active: face/hands/  
feet  
held: torso & pelvis

B) Body splits/blocks: (circle if evident)

head/torso

limbs/torso

left/right

front/back

upper/lower

### II. EFFORT CATEGORIES

A) Elements:

	<i>Indulging</i>	<i>max</i>	<i>mid</i>	<i>min</i>	<i>none</i>	<i>min</i>	<i>mid</i>	<i>max</i>	<i>Fighting</i>
Space: indirecting									directing
Weight: light	3	2	1	0	1	2	3		strong
Time: decelerating	3	2	1	0	1	2	3		accelerating
Flow: freeing	3	2	1	0	1	2	3		binding

B) Affinities: (circle)

Disaffinities: (write in)

Weight (vertical)

strong/sinking

light/rising

Time (sagittal)

accelerating/retreating

decelerating/advancing

Space (horizontal)

directing/enclosing

indirecting/spreading

accelerating/  
advancing  
indirecting/  
enclosing

C) Action Drives: (tic mark)

Float: |

Glide:

Wring:

Flick:

Punch:

Slash:

Dab: M

Press:

NOTES:

dabbing w/ fingertips

### III. SPACE CATEGORIES

A) Kinesphere: (circle)

Size:	small	medium	large
Level:	low	middle	high
Reach:	near	mid	far
Approach:	peripheral	transverse	central

B) Use of dimensions: (circle if evident)

Vertical Horizontal Sagittal

Notes: recuperate in vertical dimension

C) Use of planes: (circle if evident)

Vertical Horizontal Sagittal

Notes: upper body in horizontal plane  
lower body travelling in sagittal plane

## Appendix E

### Contract Agreement with GL-CMA

#### INDEPENDENT CONTRACTOR AGREEMENT

This agreement of observing movement sessions and coding movement sessions is made between Nell McCarty and \_\_\_\_\_.

**Services.** Beginning on the Effective Date, and remaining in effect for the duration of this Agreement, the Contractor shall provide McCarty with the following services, without limitation.

Contractor will observe and simultaneously code 5 of McCarty's video taped data collection movement sessions that were recorded the spring semester at Columbia College Chicago 2014. Specific session dates are to be determined. Contractor will only be responsible for observing and coding 1 minute of these data collection movement sessions. McCarty will provide contractor with the coding sheets to be used. Contractor may include additional coding materials if desired, but this is not a requirement of Contractor. If the Contractor chooses to include additional coding materials, these materials will be available by McCarty. The contractor will return completed coding sheets to McCarty upon end of sessions. These sessions may be video taped and observed via visual clip.

**Compensation.** The work performed by the Contractor shall be performed at a flat rate fee that is a mutually agreed upon amount. This amount will be based on experience.

\$250

Flat Rate Fee

Signature of Contractor

Signature of Nell McCarty

## **Appendix F**

### **Recruitment E-mail**

Hello,

I write to extend an invitation to be an independent contractor in my emerging research study exploring my embodied exploration of somatic countertransference. You're invited to be an independent contractor because you are a certified CMA or GL-CMA who would be an asset to my study during the movement coding process.

In order to be an independent contractor for this study you will be required to review and agree to the parameters of the contract agreement. As an independent contractor you will be monetarily compensated. Upon agreement of services, you would receive a flat rate fee that we will mutually agree upon.

I greatly appreciate your response to this invitation. Please feel free to contact me with further questions about the study or the independent contract form. Thank you for your consideration.

With appreciation,

Nell McCarty  
2014 MA Candidate  
Dance/Movement Therapy and Counseling  
Columbia College Chicago  
[nell.mccarty@loop.colum.edu](mailto:nell.mccarty@loop.colum.edu)  
763-843-0039